


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90347 010 \*\*\*\*50.00

<b>DOCUMENT # L04000030258</b>	
1. Entity Name <b>CHAMELEON PROPERTIES, LLC</b>	

Principal Place of Business <b>8348 TANNAMERA PLACE TRINITY FL 34655</b>	Mailing Address <b>8348 TANNAMERA PLACE TRINITY FL 34655</b>
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2. Principal Place of Business <b>8348 TANNAMERA PLACE</b>	3. Mailing Address <b>8348 TANNAMERA PLACE</b>
Suite, Apt. #, etc. <b>1</b>	Suite, Apt. #, etc.

City & State <b>Trinity, FL</b>	City & State <b>Trinity, FL</b>
Zip <b>34655</b>	Country <b>FLA</b>
Country <b>FLA</b>	Zip <b>34655</b>



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent <b>HILLEBOE, CHARLES R 2790 SUNSET POINT RD CLEARWATER FL 33759</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FLEMING, JOHN D 8819 BEL MEADOW WAY TRINITY FL 34655</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FLEMING, JACQUELINE L 8819 BEL MEADOW WAY TRINITY FL 34655</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TRAUTMAN, WALTER R JR. 8348 TANNAMERA PLACE TRINITY FL 34655</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TRAUTMAN, LINDA M 8348 TANNAMERA PLACE TRINITY FL 34655</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Linda M. Trautman* 3/10/05 727-534-5018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #