


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90051 001 \*\*\*\*50.00

<b>DOCUMENT # L04000035104</b>					
<b>1. Entity Name</b> FLORIDA FORECHAPMAN REALESTATE & DEVELOPMENT, LLC					
<b>Principal Place of Business</b> 185 HOLLYWOOD AVENUE ALBANY, NY 12209 US			<b>Mailing Address</b> 185 HOLLYWOOD AVENUE ALBANY, NY 12209 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 11144 Amber Glen Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> Charlotte, North Carolina		<b>4. FEI Number</b> 383710740	
<b>Zip</b>		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LEGAL ZOOM NEVADA, INC. 44 W. FLAGLER ST SUITE 675 MIAMI, FL 33130			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> FOREMAN, TRACY 185 HOLLYWOOD AVENUE ALBANY, NY 12209		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	11144 Amber Glen Drive Charlotte, North Carolina 28269	
[Delete]			[Change] [Addition]		
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<b>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.</b>					
<b>SIGNATURE:</b> Tracy Foreman			5/1/05 704-644-2797		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		