

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000043577

1. Entity Name  
CHALKER GROUP, LLC



Principal Place of Business  
4006 WEST PALMIRA AVENUE  
TAMPA, FL 33629

Mailing Address  
4006 WEST PALMIRA AVENUE  
TAMPA, FL 33629

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1866216	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PREVATT, MYRON C III  
4006 WEST PALMIRA AVENUE  
TAMPA, FL 33629

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME PREVATT, MYRON C III  
STREET ADDRESS 4006 WEST PALMIRA AVENUE  
CITY-ST-ZIP TAMPA, FL 33629

Delete

10. ADDITIONS/CHANGES

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Myron C. Prevatt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*1-22-08*

Date

*813-250-0045*

Daytime Phone #

**FILED  
Jan 24, 2008 8:00 am  
Secretary of State**

01-24-2008 90070 018 \*\*\*138.75

**60003609**

