


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP 23 AM 9:06

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        |                                                              |                                                                            |                                                                                          |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------|
| DOCUMENT # L04000050462                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |                                                              |                                                                            |         |                             |
| 1. Entity Name<br>CHAPIN CARPENTRY, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |                                                              |                                                                            |                                                                                          |                             |
| Principal Place of Business<br>1 NORTH WILDERNESS TRAIL<br>PONTE VEDRA BEACH, FL 32082                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |                                                              | Mailing Address<br>1 NORTH WILDERNESS TRAIL<br>PONTE VEDRA BEACH, FL 32082 |                                                                                          |                             |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        | 3. Mailing Address                                           |                                                                            |                                                                                          |                             |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        | Suite, Apt. #, etc.                                          |                                                                            |                                                                                          |                             |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        | City & State                                                 |                                                                            | 08232005 Chg-LLC CR2E083 (10/03)                                                         |                             |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        | Country                                                      |                                                                            | 4. FEI Number<br><b>20-0468599</b>                                                       |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        |                                                              |                                                                            | Applied For<br><input type="checkbox"/> Not Applicable                                   |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        |                                                              |                                                                            | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                             |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        |                                                              | 7. Name and Address of New Registered Agent                                |                                                                                          |                             |
| LUCAS, ELAINE ESQ.<br>900 CESERY BLVD., SUITE 103<br>JACKSONVILLE, FL 32211                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                              | Name                                                                       |                                                                                          |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        |                                                              | Street Address (P.O. Box Number is Not Acceptable)                         |                                                                                          |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        |                                                              | <b>900 Cesery Blvd. Suite 118</b>                                          |                                                                                          |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        |                                                              | City                                                                       |                                                                                          | Zip Code<br><b>FL 32211</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.                                                                                                                                                                                                                                                                                 |                                                                                        |                                                              |                                                                            |                                                                                          |                             |
| SIGNATURE <u><i>Elaine Lucas</i></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        | (NOTE: Registered Agent signature required when reinstating) |                                                                            | DATE <u>8/22/05</u>                                                                      |                             |
| <b>Filing Fee is \$50.00 Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        | <b>Make check payable to Florida Department of State</b>     |                                                                            |                                                                                          |                             |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |                                                              | 10. ADDITIONS/CHANGES                                                      |                                                                                          |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>CHAPIN, HUNTINGTON K<br>1 NORTH WILDERNESS TRAIL<br>PONTE VEDRA BEACH, FL 32082 | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <b>REINSTATEMENT 2005</b>                                                                |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <b>500059903415</b>                                                                      |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <b>09/23/05--01053--013 **50.00</b>                                                      |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u><i>[Signature]</i></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        | Date                                                         |                                                                            | Daytime Phone #                                                                          |                             |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |                                                              |                                                                            |                                                                                          |                             |