2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007
Secretary of State

DOCUMENT# L04000053786

Entity Name: CHESU HOLDINGS LLC

Current Principal Place of Business:

5652 HAMMOCK ISLES DR.
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

5652 HAMMOCK ISLES DR.
NAPLES, FL 34119

New Mailing Address:

FEI Number: 20-1391686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
5811 PELICAN BAY BLVD
SUITE 600
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BORGIDA, CHESTER
Address: 1830 IVY POINTE COURT
City-St-Zip: NAPLES, FL 34109

Title: MGR ( ) Delete
Name: BORGIDA, SUSAN
Address: 1830 IVY POINTE COURT
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BORGIDA, CHESTER
Address: 5652 HAMMOCK ISLES DRIVE
City-St-Zip: NAPLES, FL 34119

Title: MGR (X) Change ( ) Addition
Name: BORGIDA, SUSAN
Address: 5652 HAMMOCK ISLES DRIVE
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHET BORGIDA MGR 07/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date