
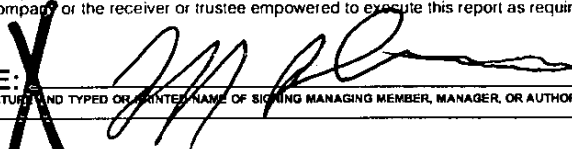


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90119 046 ***138.75

DOCUMENT # L04000081389 1. Entity Name CHAPMAN CONSTRUCTION, LLC			
Principal Place of Business 3530 BLUERIDGE DR PENSACOLA, FL 32504		Mailing Address 3530 BLUERIDGE DR PENSACOLA, FL 32504	
2. Principal Place of Business - No P.O. Box # 3810 TIGER POINT BLVD		3. Mailing Address 3810 TIGER POINT BLVD	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State GULF BREEZE FL		City & State GULF BREEZE FL	
Zip 32563		Zip 32563	
Country 		Country 	
4. FEI Number 20-1829589		Applied For <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 CHAPMAN, JEFFREY R 3530 BLUERIDGE DR PENSACOLA, FL 32504		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3810 TIGER POINT BLVD City GULF BREEZE FL Zip Code 32563	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
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		10. ADDITIONS/CHANGES	
TITLE MGR	NAME CHAPMAN, JEFFREY R	<input type="checkbox"/> Delete	
STREET ADDRESS 3530 BLUERIDGE DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP PENSACOLA, FL 32504	3810 TIGER POINT BLVD		
CITY-ST-ZIP PENSACOLA, FL 32504	GULF BREEZE FL 32563		
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: 		4/29/08 450-9491	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	