2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2006 08:00 All Secretary of State

ANNUAL REPORT			Apr 20	, 2006 08:0	
DOCUMENT # L040	00087386		Secr	etary of Sta	
CHESAPEAKE INVESTMEN	IT PROPERTIES, LLC				
Principal Place of Business	Mailing Address				
3226 SE 2ND AVE CAPE CORAL, FL 33904	3226 SE 2ND AVE Cape Coral, FL 33904				
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DO NOT WRITE IN THIS SPACE			02172006 No Chg-LLC CF	R2E083 (11/05)	
		ACE	4. FEI Number 20-1970566	Applied For Not Applicable	
			5. Certificate of Status Desired	\$5.00 Additional	
	4.00	<u></u>	a. Certificate of Status Desired	Fee Required	
	of Current Registered Agent	-			
CURTIS, COLBERT 3226 SE 2ND AVE CAPE CORAL, FL 33904			DO NOT WRI	TE	
			IN THIS SPACE		
			114 11110 01710	<i>y</i>	
8 The above named entity submits this	statement for the purpose of changing its regis	 tered cifice or registe	ared agent, or both, in the State of Florida.	am familiar with, and accept	
the obligations of registered agent.		•	• , ,		
SIGNATURE	registered egent and the Yappin ship. (NOTE Regis	tered Agent signature require	d what constitute)	ATE	
	ATTACH	titles . Marie Albustate rodere	were the state of		
Filing Fee is \$50.00 Due by May 1, 2006	CHECK				
9. MANAG	ING MEMBERS/MANAGERS	<u> </u>			
TITLE MGR					
NAME CURTIS, COLBERT STREET ADDRESS 3226 SE 2ND AVE					
CITY-ST-ZIP CAPE CORAL, FL 33	904		U000005		
TITLE			05/02/06-8	0061-007 50.00	
NAME STREET ADDRESS		· I			
CITY-ST-ZIP					
YITLE		1			
STREET ADDRESS			DO NOT WRI	TE	
CITY-ST-ZIP				<u>-</u>	
TITLE		1	IN THIS SPACE	CE	
NAME STREET ADDRESS		1			
CITY-ST-ZIP		_		-	
TITLE					
NAME STREET ADDRESS					
CITY-ST-71P		ŧ			

11. I hereby certify that the information supplied with this filling 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 employered be execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 5

THILE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/16/04

Date

239-980-1291

Daytime Phone #