## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

## FILED Jan 31, 2008 08:00 AN DOCUMENT # L04000088548 1. Erally Name **Secretary of State** CHELSEA RUN LLC Principal Place of Business Mailing Address 1134 NEW YORK AVE 1134 NEW YORK AVE ST. CLOUD FL 34769-3782 ST. CLOUD FL 34769-3782 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt #, etc 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 43-2067863 Not Applicable Zip Country Zιρ Couritry \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRADLEY, RICHARD W Street Andress (P.O. Box Number is Not Acceptable) 1134 NEW YORK AVE ST. CLOUD FL 34769-3782 City 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, typed or as middiname of registered appell and title if epplicable (NOTE Registered Agent's qualities required where remarking) CATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITLE MGRM Delete TITLE Change Addition NAME BRADLEY, RICHARD W NAME U00900806089 STREET ADDRESS STREET ADDRESS 1134 NEW YORK AVE n2/06/08-80028-010 138.75 CITY-ST-ZIP CITY-ST-ZIP ST. CLOUD FL 34769-3782 T:TLE MGRM Delete TITLE Change Addition NAME ARNOLD, GEORGE W NAME STREET ADDRESS STREET ADDRESS 1902 FAIRWAY LOOP CITY-ST-7IP CITY-ST-ZP KISSIMMEE FL 34746 THE Delete WE Change Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME DAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-Z:P TITLE TITLE ☐ Delete Change Addition MARKE NAME į STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delate TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

1/26/08

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