2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091555

Name:

Address:

City-St-Zip:

CHAPMAN, BLAKE J

2040-A TAMIAMI TRAIL

PORT CHARLOTTE, FL 33948 US

Entity Name: CHAPMAN & SONS, LLC

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2040-A TAMIAMI TRAIL PORT CHARLOTTE, FL 33948 LIS **Current Mailing Address: New Mailing Address:** 2040-A TAMIAMI TRAIL PORT CHARLOTTE, FL 33948 US FEI Number: 20-2024270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STURGES, ERNEST W JR. CHAPMAN, BLAKE J 701 JC CENTER COURT 2040-A TAMIAMI TRAIL PORT CHARLOTTE, FL 33948 SUITE 3 US PORT CHARLOTTE, FL 33954 US 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: BLAKE J. CHAPMAN 03/23/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete CHAPMAN, BRIAN G Name: Name: 2040-A TAMIAMI TRAIL Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33948 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: CHAPMAN, SLOAN Name: Address: 2040-A TAMIAMI TRAIL Address: City-St-Zip: PORT CHARLOTTE, FL 33948 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition CHAPMAN, BRIAN G JR. Name: Name: Address: 2040-A TAMIAMI TRAIL Address: City-St-Zip: PORT CHARLOTTE, FL 33948 US City-St-Zip: () Delete Title: MGR Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BLAKE J. CHAPMAN MGR 03/23/2009