

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006685

Entity Name: CHESTNUT, LLC

FILED  
Feb 19, 2007  
Secretary of State

**Current Principal Place of Business:**

2400 FIRST STREET  
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2400 FIRST STREET  
FT. MYERS, FL 33901

**New Mailing Address:**

735 GODDARD AVE  
CHESTERFIELD, MO 63005

FEI Number: 43-2075211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JANSON, CHRISTOPHER P  
2400 FIRST STREET  
FT. MYERS, FL 33901 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: MGRM ( ) Delete  
Name: CHRISTOPHER P. JANSON, N REVOCABLE TR U ST  
Address: 2400 FIRST STREET  
City-St-Zip: FT. MYERS, FL 33901 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CHRISTOPHER P. JANSON, N REVOCABLE TR U ST  
Address: 735 GODDARD AVE  
City-St-Zip: CHESTERFIELD, MO 63005 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER JANSON

MGR

02/19/2007

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