

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90041 041 ****50.00

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DOCUMENT # L05000012296 1. Entity Name CHAPMAN INVESTMENTS, LLC						
Principal Place of Business 16223 VILLAREAL DE AVILA TAMPA, FL 33613			Mailing Address 16223 VILLAREAL DE AVILA TAMPA, FL 33613			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04242007 Chg-LLC CR2E083 (12/06) 4. FEI Number 06-1739857 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
City & State Zip Country		City & State Zip Country				
6. Name and Address of Current Registered Agent MILLS, FREDERICK J ESQUIRE MORRISON & MILLS, P.A. 1200 W. PLATT STREET, SUITE 100 TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 4-25-07 DATE <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUIGLEY, JAMES M M.D. 16223 VILLAREAL DE AVILA TAMPA, FL 33613 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Quigley, Sandra J. 16223 Villareal de Avila Tampa, FL 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS 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: Sandra J. Quigley, Manager				4-25-07 813/962-7077 <small>Signature and Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative Date Daytime Phone #</small>		