## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 05, 2008 08:00 Al Secretary of State

Maling Address 2214 S R 46 \$ \$ CHAPROK GROUP OF COMPANIES \$ SORRENTO, FL. 32776  Courty  2 Po	DOCU 1. Entity Nar SOLID, L				Secretary of S				of Sta	
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City & State  Country  City Co	2. Principal I	Place of Business - No P.O. Box	# 3. Mailing Address	Mailing Address						
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S. Certificate of Satura Desired Sat	City & Sta	ite	City & State	City & State						<u> </u>
Name	Zip Country		Zip	Cour	ntry					
Street Address (P.O. Box Number is Not Acceptable)    City	-	6. Name and Address of C	urrent Registered Agent		Name	7. Name and	Address of New F	Registered	Agent	
EAKE MARY, FL 32746  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registroed agent.  SIGNATURE:    City FL   Zip Code			MPANY		Street Address (P O. Box Number is Not Acceptable)					
The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    After May 1, 2008 Fee will be \$538.75										
The obligations of registered agent.  SIGNATURE    Signature   Superior of posterior of posterior agent and the 4 application. (POTE Registered Agent agreedure required when reinitization)   After May 1, 2008 Fee will be \$538.75					City			FL	Zip Cod	e .
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NAME STREET ADDRESS CITY-ST-ZIP  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 eport is true and accurate and hat 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:	NAME STREET ADDRESS		☐ Delete	NAMI Stre	E FT ADDRESS				☐ Change	Addition
indicated on this eport is true and accurate and hat my signature shall have the same legal effect as if made under cath; 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:	NAME STREET ADDRESS		☐ Delete	NAME Stree	E Et address				☐ Change	Addition
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