

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070299

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: CHAPMAN'S FL REAL ESTATE DEVELOPMENT, LLC

**Current Principal Place of Business:**

77 REFLECTION DRIVE  
SANDWICH, MA 02563

**New Principal Place of Business:**

375 YORKTOWNE CIRCLE  
ATLANTIS, FL 33462

**Current Mailing Address:**

77 REFLECTION DRIVE  
SANDWICH, MA 02563

**New Mailing Address:**

FEI Number: 20-3274663      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHAPMAN, SHEILA  
409 NORTH COUNTRY CLUB DRIVE  
ATLANTIS, FL 33462 US

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

CHAPMAN, SHEILA  
375 YORKTOWNE CIRCLE  
ATLANTIS, FL 33462 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:

04/18/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHAPMAN, SHEILA  
Address: 77 REFLECTION DRIVE  
City-St-Zip: SANDWICH, MA 02563

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Delete  
Name: CHAPMAN, STEPHEN  
Address: 77 REFLECTION DRIVE  
City-St-Zip: SANDWICH, MA 02563

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: SHEILA CHAPMAN

MGRM

04/18/2008

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