

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070843

**FILED**  
**Apr 02, 2006**  
**Secretary of State**

**Entity Name:** CARL CHAPMAN TRUST, LLC

**Current Principal Place of Business:**

530 EAST CENTRAL BLVD.  
#1601  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

4615 OAK HAMMOCK CT  
PONCE INLET, FL 32127 US

**Current Mailing Address:**

530 EAST CENTRAL BLVD.  
#1601  
ORLANDO, FL 32801 US

**New Mailing Address:**

4615 OAK HAMMOCK CT  
PONCE INLET, FL 32127 US

**FEI Number:** 20-3317370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAPUANO, GARY  
530 EAST CENTRAL BLVD.  
#1601  
ORLANDO, FL 32801 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: MGR ( ) Delete  
Name: CAPUANO, GARY  
Address: 530 EAST CENTRAL BLVD., #1601  
City-St-Zip: ORLANDO, FL 32801 US

Title: MGR ( ) Delete  
Name: CHAPMAN, CARL  
Address: 4615 OAK HAMMOCK CT.  
City-St-Zip: PONCE INLET, FL 32127 US

**ADDITIONS/CHANGES:**

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

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

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: CARL D. CHAPMAN

MGR

04/02/2006

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