

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070843

FILED
Apr 05, 2007
Secretary of State

Entity Name: CARL CHAPMAN TRUST, LLC

Current Principal Place of Business:

4615 OAK HAMMOCK CT
PONCE INLET, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

4615 OAK HAMMOCK CT
PONCE INLET, FL 32127 US

New Mailing Address:

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 CHAPMAN

MGR

04/05/2007

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