

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070843

FILED
Apr 07, 2008
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:

CHAPMAN, CARL
4615 OAK HAMMOCK CT.
PONCE INLET, FL 32127 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: CARL CHAPMAN

04/07/2008

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: MGRM (X) Change () Addition
Name: CHAPMAN, CARL
Address: 4615 OAK HAMMOCK CT.
City-St-Zip: PONCE INLET, FL 32127 US

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: CARL CHAPMAN

MGRM

04/07/2008

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