


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

05-01-2006 90072 010 ****50.00

DOCUMENT # L05000083157

1. Entity Name
THE CHALETS, L.L.C.



Principal Place of Business
**13161 S.W. 2ND COURT
 OCALA, FL 34473**

Mailing Address
**13161 S.W. 2ND COURT
 OCALA, FL 34473**

30009845



2. Principal Place of Business
1850 SW 20th Place
 Suite, Apt. #, etc.

3. Mailing Address
1850 SW 20th Place
 Suite, Apt. #, etc.

03202006 Chg-LLC CR2E083 (11/05)

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number
20-3360437

Applied For
 Not Applicable

Zip
34474

Country
USA

Zip
34474

Country
USA

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BERTOCH, CARL A
 7655 WEST GULF LAKE HIGHWAY, SUITE 13
 CRYSTAL RIVER, FL 34429**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reactivating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GUTAPFEL, JEFF 13161 S.W. 2ND COURT OCALA, FL 34473 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1850 SW 20th Place Ocala, FL 34474 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 report is true and accurate and that 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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #