


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L05000084993 1. Entity Name CHESTNUT HILL INVESTMENTS, L.L.C.	
---	---

Principal Place of Business 15105 N.W. 94TH AVENUE ALACHUA, FL 32615	Mailing Address 15105 N.W. 94TH AVENUE ALACHUA, FL 32615
--	--

DO NOT WRITE IN THIS SPACE



02192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3741091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WALLACE, ROBERT D 15105 NW 94TH AVE ALACHUA, FL 32615
--

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) _____ DATE _____

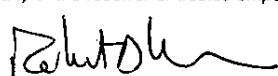
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, ROBERT D 15105 NW 94TH AVE ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAW, DEBORAH A 15105 NW 94TH AVE ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000861557
04/03/08-80014-007 138.75

**DO NOT WRITE
IN THIS SPACE**

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:  **ROBERT D. WALLACE** **3/16/08 386-460-5825**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #