


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90031 001 \*\*\*\*55.00

<b>DOCUMENT # L05000085437</b>	
1. Entity Name <b>CHELSEA MEWS, LLC</b>	

Principal Place of Business <b>1815 S. SUMMERLIN AVEUE ORLANDO, FL 32806</b>	Mailing Address <b>1815 S. SUMMERLIN AVEUE ORLANDO, FL 32806</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>04-3834506</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LAWRIE, PETER S 1815 S. SUMMERLIN AVEUE ORLANDO, FL 32806</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HARTLEY, MARTHA A 1815 S. SUMMERLIN AVEUE ORLANDO, FL 32806</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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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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

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:** *Masha Hartley, Managing Member* **Date:** 4-27-06 **Daytime Phone #** \_\_\_\_\_

ATTACHMENT



Fort Lauderdale  
Jacksonville  
Miami  
New York  
Orlando  
Tallahassee  
Tampa  
Washington, DC  
West Palm Beach

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407 423 4000 *tel* 407 843 6610 *fax*

[martha.hartley@akerman.com](mailto:martha.hartley@akerman.com)

April 27, 2006

Florida Department of State  
Attn: Annual Reports (2006)  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

**Re: Annual Report for Chelsea Mews, LLC**

Dear Ladies or Gentlemen:

Enclosed please find the 2006 Annual Report for Chelsea Mews, LLC, along with a check for \$55.00, representing the filing fee and the fee for a Certificate of Status.

Please send the Certificate of Status to the address on the Annual Report.

Very truly yours,

Martha Anderson Hartley

(by jdy)

Enclosures