
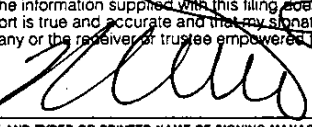


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90012 027 ****50.00

DOCUMENT # L05000097594					
1. Entity Name THE CHESSMAN GROUP, L.L.C.					
Principal Place of Business 2295 SOUTH HIAWASSEE ROAD, SUITE 318 ORLANDO, FL 32835-8747			Mailing Address 2295 SOUTH HIAWASSEE ROAD, SUITE 318 ORLANDO, FL 32835-8747		
2. Principal Place of Business - No P.O. Box # 1508 E Concord St.		3. Mailing Address 1508 E Concord St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 20-3639622	
Zip 32803		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01092007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent APPEL, JEFFREY E 5116 SOUTH LAKELAND DRIVE LAKELAND, FL 33813-2500			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:  DATE: 1-9-7					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, MASON 2295 SOUTH HIAWASSEE ROAD, SUITE 318 ORLANDO, FL 328358747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Turner, Mason 1508 E Concord St. Orlando, FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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	
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: 			Date: 1-9-7		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					