


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90023 020 ***138.75

DOCUMENT # L06000006738 1. Entity Name CHAPEL CREEK INVESTMENTS, LLC					
Principal Place of Business 12610 RACE TRACK ROAD TAMPA, FL 33626-1300 US			Mailing Address 12610 RACE TRACK ROAD TAMPA, FL 33626-1300 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4205020	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PUZZITIELLO, ROSS A 12610 RACE TRACK ROAD TAMPA, FL 33626-1300				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUZZITIELLO, ROSS A		NAME		
STREET ADDRESS	12610 RACE TRACK ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336261300		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MITCHELL, KENNETH R		NAME	MGR James Sigmund	
STREET ADDRESS	6905 N. WIDSHAM ROAD		STREET ADDRESS	6405 N. Wickham Rd., suite 501	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	Melbourne, FL 32940	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>James Sigmund</u>			Date <u>04/28/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					