

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000025063

**FILED  
Jul 02, 2008  
Secretary of State**

**Entity Name:** CHANCELLOR HOLDING CO., LLC

**Current Principal Place of Business:**

2118 KAROLINA AVENUE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

2118 KAROLINA AVENUE  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 11-3772422      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TAYLOR, ALVIN B  
2118 KAROLINA AVENUE  
WINTER PARK,, FL 32789      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGRM      ( ) Delete  
Name:            TAYLOR, ALVIN B  
Address:        2118 KAROLINA AVENUE  
City-St-Zip:    WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

Title:            MGRM      (X) Change ( ) Addition  
Name:            TAYLOR, ALVIN B  
Address:        2118 KAROLINA AVENUE  
City-St-Zip:    WINTER PARK, FL 32789 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALVIN B TAYLOR

MGR

07/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date