## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L06000057415**

1. Entity Name
CHAVEZ RENTAL PROPERTIES, LLC

30010289

| Principal Place of Business | Mailing Address |
|---|---|
| 100 JOHN KING ROAD CRESTVIEW, FL 32539   US | 100 JOHN KING ROAD CRESTVIEW, FL 32539   US |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country | Zip | Country |

04112007     Chg-LLC     CR2E083 (12/06)

4. FEI Number  _20-5022335_   Applied For / Not Applicable

5. Certificate of Status Desired  ☐   **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CHAVEZ, ROGELIO 100 JOHN KING ROAD CRESTVIEW, FL 32539 | 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 _____   _4-16-07_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

**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 | MGRM | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | CHAVEZ, ROGELIO | | NAME | | | |
| STREET ADDRESS | 100 JOHN KING ROAD | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CRESTVIEW, FL 32539 | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ 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: _____   _5-31-07_   _850-615/693_

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