2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2007
Secretary of State

DOCUMENT# L06000077499

Entity Name: CHESTONE LLC

Current Principal Place of Business:

2166 SOUTH ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2166 SOUTH ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

New Mailing Address:

FEI Number: 20-5398406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RODRIGUES, MAXIMILIANO
2166 SOUTH ORANGE BLOSSOM TRAIL
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

RODRIGUES, MAXIMILIANO
2166 SOUTH ORANGE BLOSSOM TRAIL
SUITE 130
APOPKA, FL 32703 US

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: MAXIMILIANO A RODRIGUES 02/04/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RODRIGUES, MAXIMILIANO
Address: 7236 ABBEY LANE
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM ( ) Delete
Name: RODRIGUES, CRISTIAN
Address: 9210 W. 192ND DRIVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RODRIGUES, MAXIMILIANO
Address: 2723 RUNNINGS SPRINGS LOOP
City-St-Zip: OVIEDO, FL 32765

Title: MGRM (X) Change ( ) Addition
Name: RODRIGUES, CRISTIAN
Address: 20904 KINE DR
City-St-Zip: EUSTIS, FL 32736

I hereby certify that the information supplied with this filing does not qualify for the 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: MAXIMILIANO RODRIGUES MGRM 02/04/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date