2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State
01-22-2008 90125 036 ***138.75

DOCUMENT # L06000100967

1. Entity Name
CHAMBERLAIN SQUARE, LLC

Principal Place of Business
1005 W. BUSCH BLVD., STE. 103
TAMPA, FL 33612

Mailing Address
1005 W. BUSCH BLVD., STE. 103
TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE

01152008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-8373940 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

SPRAGUE, PATRICK F
1904 E. BUSCH BLVD.
TAMPA, FL 33612

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEEKS, BJ
STREET ADDRESS	1005 WEST BUSCH BLVD SUITE 103
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	MGRM
NAME	TODD, HARRY L
STREET ADDRESS	1005 WEST BUSCH BLVD SUITE 106
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	MGRM
NAME	~~BUY, MARY~~ GUY, MARY
STREET ADDRESS	10450 TOOKE LAKE BLVD
CITY-ST-ZIP	WEECHI WACHEE, FL 34613
TITLE	MGRM
NAME	HARMON, SARA
STREET ADDRESS	1002 RAMBLA ST
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: BJ Weeks BJ Weeks 1-16-08 8139614666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #