## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 11, 2007 8:00 am Secretary of State

DOCUMENT # L06000102854  1. Entity Name STEVE CHAPLO SERVICES LLC						04-11-2007 9	90152 049 ****50	0.00
Principal Place of Business Mailing Address 510 S. WINTER PARK DRIVE 510 S. WINTER PARK CASSELBERRY, FL 32707 CASSELBERRY, FL 32				<u> </u>		BBIR SNII PBIR SRIII PBIR	I (1184 88118 )188) 18181 8111 81	1681 W. 1881
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02262007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numbe	et .		plied For ot Applicable	
Zip	Country Zip Co		Coun	lry	Certificate of Status Desired			
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent	
				Name				
BECHTEL, STEVEN R 225 E. ROBINSON STREET, SUITE 600 ORLANDO, FL 32802				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Cod	e
	named entity submits this statement for	or the purpose of changing its	s registere	d office or registe	ered agent, or bo	th, in the State of Flo		and accept
SIGNATURE .				· · · · · · · · · · · · · · · · · · ·			701 744 1 794 1	
	Signature, typed or printed name of registered agent	and title if applicable (NO)	TE: Registere	d Agent signature require	ed when reinstating)		DATE	
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Fi D:	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE	ERS/MANAGERS	10.				Department of Stat	e :
D	ue by May 1, 2007	ERS/MANAGERS	10.	I		Florida	Department of Stat	Addition
9.	MANAGING MEMBE		TITLE NAM STRE	I		Florida	Department of Stat	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR CHAPLO, STEVE 510 Ş. WINTER PARK DRIVE		TITLE NAM STRE	E EET ADDRESS - ST-ZIP		Florida	Department of Stat	
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11. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

321-271-6099