

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

04-16-2007 90337 002 ****50.00

DOCUMENT # L06000117390					
1. Entity Name CHELSEA PLAZA, LLC					
Principal Place of Business 212 HARBOUR BLVD., SUITE 201 DESTIN, FL 32541 US			Mailing Address 212 HARBOUR BLVD., SUITE 201 DESTIN, FL 32541 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	03092007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 39-2053119				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCNEESE, RICHARD S 36468 EMERALD COAST PKY SUITE 1201 DESTIN, FL 32541			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when renouncing) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR FZEPPONI HOLDINGS, LLC 34894 EMERALD COAST PKY DESTIN, FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	212 Harbor Blvd, #201 Destin, FL 32541	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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