

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90099 043 \*\*\*138.75

**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

**60011537**



2. Principal Place of Business - No P.O. Box #

200 Calusa Blvd.

3. Mailing Address

200 Calusa Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142008

Chg-LLC

CR2E083 (12/06)

City & State

Destin, FL

City & State

Destin, FL

4. FEI Number

39-2053119

Applied For

Not Applicable

Zip 32541

Country USA

Zip 32541

Country USA

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

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**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME ZEPPONI HOLDINGS, LLC  
STREET ADDRESS 212 HARBOR BLVD, #201  
CITY-ST-ZIP DESTIN, FL 32541

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

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

Date

Daytime Phone #