2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 12, 2008 8:00 am Secretary of State

1 Entity Name	MENT # L07000122 DISTRICT AT RAPALLO						90066 012 **	**138./5	
Principal Place 8551 VIA RAS ESTERO, FL	PALLO	Mailing Address 8551 VIA RAPALLO ESTERO, FL 33928		(60007639				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232008	Chg-LLC	CR2E083 (12			
City & State		City & State		4. FEI Numbe	ar	· · ·	Applied For		
Zip Country		Zip Country		i	60722	\$5.00	Not Applicable Additional		
						of Status Desired	Fee Re		
	6. Name and Address of Curren	nt Registered Agent		Name	7. Name and	Address of New R	egistered Agent		
PASSIDOMO, KATHLEEN C 2390 TAMIAMI TRAIL NORTH, SUITE 204 NAPLES, FL 34103				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	s registere	ed office or rec	istered agent, or bo	th, in the State of Flo		with, and accept	
	ions of registered agent.		Ü	-				·	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered	d Agent signature re	quired when reinstating)		DATE		
	NOWIII FEE IS \$138.75 71, 2008 Fee will be \$538.7	75		-4.	57	Mak	e check payable Department of		
					I				
9. ,	MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/	CHANGES		
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM WALLACE, JAMES P 8551 VIA RAPALLO	BERS/MANAGERS Delete	TITLE NAME STREE			ADDITIONS/	CHANGES Ch	ange Addition	
TITLE NAME STREET ADDRESS	MGRM WALLACE, JAMES P		TITLE NAME STREE CITY- TITLE NAME STREE	E ET ADDRESS - ST-ZIP		ADDITIONS/			
IIILE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS	MGRM WALLACE, JAMES P 8551 VIA RAPALLO	☐ Delete	TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STRE CITY	E ET ADDRESS - ST-ZIP E E ET ADDRESS - ST-ZIP E E ST-ZIP E E TADDRESS - ST-ZIP		ADDITIONS/	□ Ch	ange 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 requiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

TRE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE