

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067479

FILED
Apr 30, 2009
Secretary of State

Entity Name: CHATMAN CENTER LLC

Current Principal Place of Business:

11259 GODWIT AVE
WEEKI WACHEE, FL 34613 US

New Principal Place of Business:

Current Mailing Address:

11259 GODWIT AVE
WEEKI WACHEE, FL 34613 US

New Mailing Address:

FEI Number: 26-2962035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, CALVIN D
11259 GODWIT AVE
WEEKI WACHEE, FL 34613 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, CALVIN D
Address: 11259 GODWIT AVE
City-St-Zip: WEEKI WACHEE, FL 34613 US

Title: MGRM () Delete
Name: JOHNSON, JACQUELINE D
Address: 11259 GOPWIT AVE
City-St-Zip: WEEKI WACHEE, FL 34613 US

Title: MGRM () Delete
Name: MILLER, STEVEN T
Address: 11259 GODWIT AVE
City-St-Zip: TAMPA, FL 34613 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MILLER, STEVEN T
Address: 11259 GODWIT AVE
City-St-Zip: WEEKI WACHEE, FL 34613 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN T. MILLER

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date