2007 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L98000003200

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90358 049 ****50.00

CHANDLER INVESTMENTS, L.C.					
Principal Place of Business 6745 HIGHWAY 98 W. SANTA ROSA BEACH, FL 32459		Mailing Address 6745 HIGHWAY 98 W. SANTA ROSA BEACH, FL 32459		40100156	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272007 Chg-LLC CR2E	083 (12/06)
City & State		City & State		4. FEI Number 59-3551529	Applied For Not Applica
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered	Agent
VD A ELAED	AAADV K		Name		
KRAEMER, MARY K 4475 LEGENDARY DRIVE DESTIN, FL 32541		Street Address		(P.O. Box Number is Not Acceptable)	
	· i	0 m	City	FL	Zip Code
8. The above	named entity submits this statement	the purpose of changing its	registered office or register	ered agent, or both, in the State of Florida. I am	familiar with, and acce
SIGNATURE .	ions of registered agent	and title it applicable (NOTE	:: Reanstered Agent signature require	C/-30-C	ク フ
Fi) Di	iling Fee is \$50.00 ue by May 1, 2007			Make check Florida Departn	
9.	MANAGING MEME	BERS/MANAGERS	10.	ADDITIONS/CHANGE	S
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addi
NAME	CHANDLER, WILLIAM H		NAME		
STREET ADDRESS CITY-ST-ZIP	635 HWY, 98 E. DESTIN, FL 32541		STREET ADDRESS CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TIBLE		Change Addi
NAME	CHANDLER, WM. BRENT	Delete	NAME		
STREET ADDRESS	635 HWY. 98 E.		STREET ADDRESS		
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indicated	centry that the information supplied w fon this report is true and accurate ar	in this ming does not quality be not that my signature shall have,	ne exemptions contained the same legal effect as if i	d in Chapter 119, Florida Statutes. I further cert made under oath; that I am a managing meml pter 608, Florida Statutes.	ber or manager of the
limited lia	ability company or the receiver or trust	kee empoweress to execute this	report as required by Chap	pter 608, Florida Statutes.	
CICNAT	TUDE: () X()) / W.X _	 .	4-30-07	8ND-837-88

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SHORTING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #