


FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90116 010 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

| | |
|---|---|
| DOCUMENT # L99000005932 1. Entity Name CHAPEL TRAIL BUSINESS PARK, LLC |  |
|---|---|

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|---|---|
| Principal Place of Business 21011 JOHNSON STREET, STE. 101 PEMBROKE PINES, FL 33029 | Mailing Address 21011 JOHNSON STREET, STE. 101 PEMBROKE PINES, FL 33029 |
|---|---|

60002561



01142008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 65-0973143 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| |
|--|
| 6. Name and Address of Current Registered Agent KOENIG, PAUL MICHAEL 21011 JOHNSON STREET, SUITE 101 PEMBROKE PINES, FL 33029 |
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**DO NOT WRITE
IN THIS SPACE**

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CHAPEL TRAIL ASSOCIATES, LTD. LLC 9000 W. SHERIDAN, SUITE 130 PEMBROKE PINES, FL 33024 |
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IN THIS SPACE**

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:

MICHAEL KOENIG

JAN. 14, 2008

954-430-9000

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

Date

Daytime Phone #