2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008
Secretary of State

DOCUMENT# L99000006956

Entity Name: CHANCELLORY BUSINESS PARK, LLC

Current Principal Place of Business:

1801 HERMITAGE BOULEVARD, SUITE 600
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1801 HERMITAGE BOULEVARD, SUITE 600
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-3606993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P ( ) Delete
Name: WARRIOR, DEXTER B
Address: 3424 PEACHTREE RD NE 800
City-St-Zip: ATLANTA, GA 30326 US

Title: T ( ) Delete
Name: LATHEM, LORI Q
Address: 3424 PEACHTREE RD NE 800
City-St-Zip: ATLANTA, GA 30326 US

Title: S ( ) Delete
Name: NEWMARK, DEBBIE J
Address: 3424 PEACHTREE RD NE 800
City-St-Zip: ATLANTA, GA 30326 US

Title: A ( ) Delete
Name: GRAY, LYNNE M
Address: 1801 HERMITAGE BLVD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: A ( ) Delete
Name: SMITH, JEFFREY L
Address: 1801 HERMITAGE BLVD.
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

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

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

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

Title: MGRM ( ) Change (X) Addition
Name: STATE BOARD OF ADMIN, ISTRATION OF F L ORIDA
Address: 1801 HERMITAGE BOULEVARD, SUITE 600
City-St-Zip: TALLAHASSEE, FL 32308 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: STATE BOARD OF ADMINISTRATION OF FLORIDA MGRM 03/20/2008

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