



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90016 042 ****55.00

DOCUMENT # M04000002013 1. Entity Name CHASCOTT PROPERTIES, LLC					
Principal Place of Business 335 FOSTER STREET, A-104 CARROLLTON, GA 30117				Mailing Address 335 FOSTER STREET, A-104 CARROLLTON, GA 30117	
2. Principal Place of Business Suite, Apt. #, etc. 13620 NW 115th Street		3. Mailing Address Suite, Apt. #, etc. 13620 NW 115th Street			
City & State Ocala FL		City & State Ocala FL		4. FEI Number 20-0973194	
Zip 34482		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ARNETT, JOHN W 101 SW THIRD STREET OCALA, FL 34478				7. Name and Address of New Registered Agent Name Ardella Poe Street Address (P.O. Box Number is Not Acceptable) 13620 NW 115th Street City Ocala FL Zip Code 34482	
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 <u><i>Ardella Poe</i></u> DATE 4-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POE, PATRICK 335 FOSTER STREET, A-104 CARROLLTON, GA 30117	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Poe, Patrick 13620 NW 115th Street Ocala, FL 34482
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POE, ARDELLA 335 FOSTER STREET, A-104 CARROLLTON, GA 30117	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Poe, Ardella 13620 NW 115th Street Ocala, FL 34482
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Ardella Poe</i></u> Ardella Poe 4-15-05 352-598-1525 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					