

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M05000003062

1. Entity Name  
CHESAPEAKE SERVICING INTERNATIONAL, LLC



Principal Place of Business

1401 EAST BROWARD BOULEVARD, SUITE 200  
FT LAUDERDALE, FL 33301

Mailing Address

1401 EAST BROWARD BOULEVARD, SUITE 200  
FT LAUDERDALE, FL 33301

**DO NOT WRITE IN THIS SPACE**



06302006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-2840615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZIEGLER, STEPHEN L  
1401 E BROWARD BLVD., SUITE 200  
FT LAUDERDALE, FL 33301

**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

**Filing Fee is \$50.00  
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ZIEGLER, STEPHEN L  
1401 E BROWARD BLVD., STE 200  
FT LAUDERDALE, FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

1100000568449  
07/07/06-80009-006 50.00

**DO NOT WRITE  
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:

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

Date

Daytime Phone #

6/30/06 (954) 761-1605