2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
02-15-2007 90275 020 ****50.00

DOCUMENT # M06000007192

1. Entity Name
CHESAPEAKE RIDAN TOWERS, LLC

Principal Place of Business	Mailing Address
~~4455 CONNECTICUT AVENUE NW, SUITE A-400 WASHINGTON, DC 20008~~ 51 Monroe St # PE7 Rockville, MD 20850	~~4455 CONNECTICUT AVENUE NW, SUITE A-400 WASHINGTON, DC 20008~~ 51 Monroe St # PE7 Rockville MD 20850
2. Principal Place of Business - No P.O. Box # 51 MONROE St.	3. Mailing Address 51 Monroe St.
Suite, Apt. #, etc. Suite PE 7	Suite, Apt. #, etc. Suite PE 7
City & State Rockville, MD.	City & State Rockville, MD.
Zip 20850-2403 Country USA	Zip 20850-2403 Country USA

02072007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-450 4312 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

MANAGER

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLARK T. MADIGAN ☐ Delete 51 Monroe St., Suite PE7 Rockville, MD. 20850-2403	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michael Hope ☐ Delete 51 Monroe St., Suite PE 7 Rockville, MD. 20850-2403	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kevin Basile, MANAGER ☐ Delete 301 W. Platt St. # 339 Tampa, FL 33606	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: B. Eric Sivertsen 2/7/15
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

B. Eric Sivertsen