


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90145 017 ****50.00

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| DOCUMENT # M99000001736 |  |
| 1. Entity Name CHUKKER HOLDINGS L.L.C. | |

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|---|---|
| Principal Place of Business 12076 POLO CLUB ROAD WELLINGTON, FL 33414 | Mailing Address C/O LEHIGH COURT LLC 40 EAST 52ND ST. 23RD FLOOR NEW YORK, NY 10022 |
|---|---|

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|--|---|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 555 Madison Avenue |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 29th Floor |
| City & State | City & State New York NY |
| Zip | Zip 10022 |
| Country | Country New York |



01172007 Chg-LLC CR2E083 (12/06)

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent THALER, MANLEY H 700 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HIRSCH, NEIL 40 EAST 52ND ST. 23RD FLOOR NEW YORK, NY 10022 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 555 Madison Avenue 29th Floor New York NY 10022 <input checked="" 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 |
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| 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/17/07

Date

Daytime Phone #