

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90073 031 ****50.00

DOCUMENT # L01000018293
 1. Entity Name
 CHAPARRAL, L.L.C.



Chaparral

Principal Place of Business
 601 E ROSERY RD NE
 LARGO, FL 33770

Mailing Address
 4420 FM 1960 W STE 224
 HOUSTON, TX 77068

DO NOT WRITE IN THIS SPACE



01052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 74-3019289	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
 KINGMAN KEATING, JOHN
 749 NORTH GARLAND AVE., STE. 101
 ORLANDO, FL 32801

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00 Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAPARRAL CORPORATION 749 NORTH GARLAND AVE., STE. 101 ORLANDO, FL 32801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

Date _____ Daytime Phone # _____