2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# L04000039565

Entity Name: CHESAPEAKE LAND, LLC

Current Principal Place of Business:

3 A STREET
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

608 SEAGRAPE CIRCLE
ST. AUGUSTINE, FL 32080

Current Mailing Address:

3 A STREET
ST. AUGUSTINE, FL 32080

New Mailing Address:

608 SEAGRAPE CIRCLE
ST. AUGUSTINE, FL 32080

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIMBALL, CAMERON R
3 A STREET
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

KIMBALL, CAMERON R
608 SEAGRAPE CIRCLE
ST. AUGUSTINE, FL 32080 US

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.

SIGNATURE: 01/18/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KIMBALL, CAMERON R
Address: 3 A STREET
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM ( ) Delete
Name: KIMBALL, HOWARD E
Address: 19297 SECLUDED WAY
City-St-Zip: DRAYDEN, MD 20630

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KIMBALL, CAMERON R
Address: 608 SEAGRAPE CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM (X) Change ( ) Addition
Name: KIMBALL, HOWARD E
Address: 909 BIRDEE WAY
City-St-Zip: ST. AUGUSTINE, MD 32080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CAMERON KIMBALL MGRM 01/18/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date