2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

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Entity Name: CHS LAND COMPANY, LLC

Current Principal Place of Business:

2724 COVE VIEW DRIVE NORTH
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

4529 SAN LORENZO BLVD
JACKSONVILLE, FL 32224 US

Current Mailing Address:

2724 COVE VIEW DRIVE NORTH
JACKSONVILLE, FL 32256 US

New Mailing Address:

4529 SAN LORENZO BLVD
JACKSONVILLE, FL 32224 US

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

Name and Address of Current Registered Agent:

WATSON, TODD
7785 BAYMEADOWS WAY, SUITE 107
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

HETSLER, ORIANA
4529 SAN LORENZO BLVD
JACKSONVILLE, FL 32224 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: ORIANA HETSLER 04/28/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HETSLER, ORIANA P
Address: 11227 CASTLEMAIN CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM ( ) Delete
Name: SCHOEPPEL, PAMELA C
Address: 2724 COVE VIEW DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM ( ) Delete
Name: CARTER, MALINDA R
Address: 8627 HAMPSHIRE GLEN DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HETSLER, ORIANA P
Address: 4529 SAN LORENZO BLVD
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ORIANA HETSLER MGRM 04/28/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date