

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90233 032 \*\*\*\*50.00

<b>DOCUMENT # L02000025471</b>	
1. Entity Name <b>CHADBOURNE LAND COMPANY, L.L.C.</b>	

Principal Place of Business <b>17 WEST CEDAR STREET, SUITE 3 PENSACOLA FL 32501</b>	Mailing Address <b>17 WEST CEDAR STREET, SUITE 3 PENSACOLA FL 32501</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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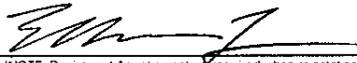
City & State	City & State	4. FEI Number <b>NO-T APPLICABLE</b>	Applied For Not Applicable
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

<b>6. Name and Address of Current Registered Agent</b>  <b>CHADBOURNE, EDWARD M JR. 17 WEST CEDAR STREET, SUITE 3 PENSACOLA FL 32501</b>	<b>7. Name and Address of New Registered Agent</b> Name <b>EDWARD M. CHADBOURNE, JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>17 WEST CEDAR STREET</b> <b>SUITE 3</b> City <b>PENSACOLA</b> <b>FL</b> Zip Code <b>32502</b>
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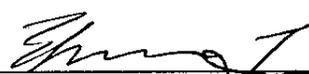
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **EDWARD M. CHADBOURNE, JR.**  01/28/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM E.M. CHADBOURNE INDUSTRIES, LLC 17 W CEDAR STREET., STE 3 PENSACOLA FL 32501</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 exemption stated in Section 119.07(3)(i), 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:**  **E. M. CHADBOURNE, JR.** 01/28/04 (850) 434-2244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #