2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

DOCUMENT # L02000025471 1. Entity Name CHADBOURNE LAND COMPANY, L.L.C.								50	cretar	y oi	State	
Principal Place 17 WEST CE PENSACOLA	DAR STREET		Mailing Address 17 WEST CEDAR STREET, SUITE 3 PENSACOLA, FL 32501									
2. Principal F	Place of Busin	less	3. Mailing Addre	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			01132005	Chg-LLC	CR2E083	(10/03)		
City & State			City & State				4. FEI Numb NOT A	er PPLICABLE			plied For at Applicable	
Zip	Country		Zip			5. Certificate of Statu			Fe.	.00 Ado Require		
	6. Name	and Address of Curren	t Registered Agent				7. Name and Address of New Registered Agent Name					
CHADBOU 17 WEST SUITE 3		WARD M JR. TREET		· · · · · · · · · · · · · · · · · · ·		Street Address (P.O. Box Number is Not Acceptable)						
PENSACC	DLA, FL 3	2502	. •	~	City				FL	Zip Code		
8. The above	named entify	submits this statement f	or the purpose of cha	anging its re	pletered office o	r registere	ed agent, or bo	oth, in the State of F		iliar with,	and accept	
8. The above named entity submits this statement for the purpose of changing its topletered 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. Signature. Specific printed name of registered agent and the if applicable (NOTE. Registered Agent signature required when refersions). OATE												
Fi D	iling Fee i ue by May						Y		ke check paya a Department	ble to	•	
9.		MANAĞİNG MEMBI			10.			ADDITIONS				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	17 W CED	DBOURNE INDUSTRI DAR STREET., STE 3 DLA, FL 32501	IES, LLC	elete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP			04/23/05	ひづれててひじ ー		Addition A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Da	elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				С	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ pe	elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	!				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	- □ De	elele	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				E	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De		TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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. 4/26/05 (850) 434-2244 SIGNATURE AND TYPED OR PRINTED NAME DESIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dayline Phone #												