
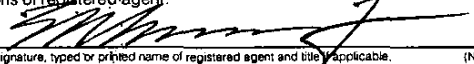



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90133 031 ****50.00

DOCUMENT # L02000025471 1. Entity Name CHADBOURNE LAND COMPANY, L.L.C.					
Principal Place of Business 17 WEST CEDAR STREET, SUITE 3 PENSACOLA, FL 32501^{1/2}			Mailing Address 17 WEST CEDAR STREET, SUITE 3 PENSACOLA, FL 32501^{1/2}		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip 32502 Country		Zip 32502 Country			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHADBOURNE, EDWARD M JR. 17 WEST CEDAR STREET SUITE 3 PENSACOLA, FL 32502			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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		 Signature, typed or printed name of registered agent and title, if applicable.		Edward M. Chadbourne, Jr. (NOTE: Registered Agent signature required when reinstating)	
		DATE		1/20/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	E.M. CHADBOURNE INDUSTRIES, LLC		NAME		
STREET ADDRESS	17 W CEDAR STREET., STE 3		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501 ^{1/2}		CITY-ST-ZIP	32502	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Edward M. Chadbourne, Jr. Date	
		DATE		1/20/06	
		DAYTIME PHONE #		(850) 434-2244	