2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED Mar 13, 2008 08:00 AN Secretary of State DOCUMENT # L02000025471 1. Entity Name CHADBOURNE LAND COMPANY, L.L.C. Principal Place of Business Mailing Address 17 WEST CEDAR STREET, SUITE 3 17 WEST CEDAR STREET, SUITE 3 PENSACOLA, FL 32502 PENSACOLA, FL 32502 03072008 No Chq-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHADBOURNE, EDWARD M JR. DO NOT WRITE 17 WEST CEDAR STREET SUITE 3 IN THIS SPACE PENSACOLA, FL 32502 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 re SIGNATURE (NOTE: Registered Agent alignature required when reinstating) DATE FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME E.M. CHADBOURNE INDUSTRIES, LLC U00000856766 03/28/08-80025-008 138.75 STREET ADDRESS 17 W CEDAR STREET., STE 3 CITY-ST-ZIP PENSACOLA, FL 32502 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

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:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGINA MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #