

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

|   |  |  |  |   |   |
|---|--|--|--|---|---|
| <b>DOCUMENT # L03000000992</b><br>1. Entity Name<br><b>CHADBOURNE CONSTRUCTION, LLC</b>   |  |  |  |   |   |
| Principal Place of Business<br><b>17 WEST CEDAR STREET, SUITE 3<br/>PENSACOLA, FL 32501</b>   |  |  | Mailing Address<br><b>17 WEST CEDAR STREET, SUITE 3<br/>PENSACOLA, FL 32501</b>  |   |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country   |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country                                  |  |   |   |
| 01132005    Chg-LLC    CR2E083 (10/03)  |  |  |  | 4. FEI Number<br><b>32-0054542</b>                                    |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable                |   |
| 6. Name and Address of Current Registered Agent<br><br><b>CHADBOURNE, EDWARD M III<br/>17 WEST CEDAR STREET, SUITE 3<br/>PENSACOLA, FL 32502</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 <b>EDWARD M. CHADBOURNE, III</b><br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |  | <i>Edward M. Chadbourne III</i><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |  | 4/26/05<br><small>DATE</small>  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |   |   |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br>CHADBOURNE, EDWARD M III<br>17 WEST CEDAR STREET<br>PENSACOLA, FL 32501     | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | 000000342209<br>04/29/05-80047-005 50.00<br>32502                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br>CHADBOURNE, EDWARD M JR.<br>17 W. CEDAR STREET STE 3<br>PENSACOLA, FL 32502 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |  |  |   |   |
| <b>SIGNATURE: <i>Edward M. Chadbourne III</i></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  | <b>E. M. CHADBOURNE, III</b>   |  | 4/26/05    (850) 434-2244<br><small>Date      Daytime Phone #</small> |   |