


\$50

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000000992			
1. Entity Name CHADBOURNE CONSTRUCTION, LLC		Principal Place of Business 17 WEST CEDAR STREET, SUITE 3 PENSACOLA, FL 32502	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 17 WEST CEDAR STREET, SUITE 3 PENSACOLA, FL 32502	
City & State		City & State	
Zip 32502	Country	Zip 32502	Country
4. FEI Number 32-0054542		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHADBOURNE, EDWARD M III 17 WEST CEDAR STREET, SUITE 3 PENSACOLA, FL 32502		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 <u>E. M. Chadbourne III</u> Signature, typed or printed name of registered agent and title if applicable.		Edward M. Chadbourne III 1/20/06 (NOTE: Registered Agent signature required when reinstating) DATE	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR CHADBOURNE, EDWARD M III 17 WEST CEDAR STREET PENSACOLA, FL 32502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32502 500065598975 02/10/06--01080--023 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHADBOURNE, EDWARD M JR. 17 W. CEDAR STREET STE 3 PENSACOLA, FL 32502 <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 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: <u>E. M. Chadbourne III</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Edward M. Chadbourne III 1/20/06 (850) 434-2244 Date Daytime Phone #	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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