2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000042895

1. Entity Name
CHDN PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
1815 S. KANNER HWY. STUART, FL 34994	1815 S. KANNER HWY. STUART, FL 34994

DO NOT WRITE IN THIS SPACE

03252006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-0384520	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAN, KENNETH A
2400 S.E. FEDERAL HWY., FOURTH FLOOR
STUART, FL 34994

DO NOT WRITE IN THIS SPACE

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   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CLOUSER, J. KENTON
STREET ADDRESS	93 SW WATERCRESS WAY
CITY-ST-ZIP	STUART, FL 34994

U00000516140
04/29/06-80237-023 50.00

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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: _____ J.K. Clouser   3/5/06   772/287-299~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #