

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000011154

1. Entity Name  
 CHIPOLA PROPERTIES, LLC



Principal Place of Business  
 2717 INDIAN SPRINGS ROAD  
 MARIANNA, FL 32446 US

Mailing Address  
 2717 INDIAN SPRINGS ROAD  
 MARIANNA, FL 32446 US



02032007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 54-2145444	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, CRAIG A  
 228 COE LANDING ROAD  
 TALLAHASSEE, FL 32310

**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 reappointing) DATE

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUY, DENNIS D 2717 INDIAN SPRINGS ROAD MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLETCHER, CRAIG A 228 COE LANDING ROAD TALLAHASSEE, FL 32310
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 03/07/07-80013-024 50.00

**DO NOT WRITE IN THIS SPACE**

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]* 2/3/07 850-209-4739  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #