

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011154

Entity Name: CHIPOLA PROPERTIES, LLC

FILED
Jun 17, 2008
Secretary of State

Current Principal Place of Business:

2717 INDIAN SPRINGS ROAD
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

2717 INDIAN SPRINGS ROAD
MARIANNA, FL 32446 US

New Mailing Address:

FEI Number: 54-2145444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GUY, ADAM D
2717 INDIAN SPRINGS ROAD
MARIANNA, FL 32446 US

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.

SIGNATURE: ADAM D GUY

06/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GUY, DENNIS D
Address: 2717 INDIAN SPRINGS ROAD
City-St-Zip: MARIANNA, FL 32446 US

Title: MGR () Delete
Name: FLETCHER, CRAIG A
Address: 228 COE LANDING ROAD
City-St-Zip: TALLAHASSEE, FL 32310 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: GUY, ADAM D
Address: 2717 INDIAN SPRINGS ROAD
City-St-Zip: MARIANNA, FL 32446 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DENNIS D GUY

MR

06/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date