

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016200

Entity Name: CHIEFLAND PARTNERS, LLC

FILED
Mar 17, 2006
Secretary of State

Current Principal Place of Business:

1808 SE 32ND LANE
C/O JOHN KASPAR
OCALA, FL 34471

New Principal Place of Business:

3304 SW 34TH CIRCLE
#103
OCALA, FL 34474

Current Mailing Address:

1808 SE 32ND LANE
C/O JOHN KASPAR
OCALA, FL 34471

New Mailing Address:

3304 SW 34TH CIRCLE
#103
OCALA, FL 34474

FEI Number: 20-0786777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASPAR, JOHN A
1808 SE 32ND LANE
C/O JOHN KASPAR
OCALA, FL 34471 US

Name and Address of New Registered Agent:

BELL, RYAN
3304 SW 34TH CIRCLE
#103
OCALA, FL 34474 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: RYAN BELL

03/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KASPAR, JOHN A
Address: 1808 SE 32ND LANE
City-St-Zip: OCALA, FL 34471

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BELL, RYAN
Address: 3304 SW 34TH CIRCLE, #103
City-St-Zip: OCALA, FL 34474

Title: MGRM () Change (X) Addition
Name: HOFFMAN, MIKE
Address: 3304 SW 34TH CIRCLE, #103
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the 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: RYAN BELL

MGRM

03/17/2006

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