NAME

STREET ADDRESS

CITY-ST-ZIP

2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

May 06, 2005 8:00 am Secretary of State DOCUMENT # L04000060823 1. Entity Name 04-15-2005 90018 023 ****50.00 CHICK COASTAL DEVELOPMENT, L.L.C. Principal Place of Business Mailing Address 1962 CENTERVILLE ROAD P.O. BOX 15964 30005663 TALLAHASSEE FL 32308 TALLAHASSEE FL 32317-3848 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/04) City & State City & State 4 FFI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHICK, MARTIN J JR Street Address (P.O. Box Number is Not Accomplise 1962 CENTERVILLE ROAD TALLAHASSEE FL 32308 City Zip Code Fl 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, 1 am familiar with, and accept the obligations of registered agent SIGNATURE Squature, typed or printed name of registered spenti and talk if adplicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 PD 4.12.05 CK# 3899 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. DR451 DENT TITLE Delete TITLE ☐ Change Addition MARTINS. CHICK, JR. NAME NAME 1961 CENTROVILLE ROAD STREET ADDRESS STREET ADDRESS TAUAHA9926, FU. 32308 CITY-ST-71P C11Y-51-21P TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP HILE Delete TITLE Contibon 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITE F Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP TITLE Delete TITLE Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

NAME

STREET ADDRESS

CHY-ST-ZIP

MARTH J. CIHUK, JR 4-12-05 850 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED