2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2007
Secretary of State

DOCUMENT# L05000013741

Entity Name: CHABOBININNEY, LLC

Current Principal Place of Business:

789 HIGHLAND AVENUE
LARGO, FL 33770

New Principal Place of Business:

10225 ULMERTON RD.
1B
LARGO, FL 33771

Current Mailing Address:

789 HIGHLAND AVENUE
LARGO, FL 33770

New Mailing Address:

10225 ULMERTON RD.
1B
LARGO, FL 33771

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
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:

SILBERMANN, GALE ESQUIRE
1150 CLEVELAND STREET
300
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NOLL, BARBARA L
Address: 789 HIGHLAND AVENUE
City-St-Zip: LARGO, FL 33770

Title: MGR ( ) Delete
Name: KINNEY, MARY L
Address: 789 HIGHLAND AVENUE
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NOLL, BARBARA L
Address: 10225 ULMERTON RD.
City-St-Zip: LARGO, FL 33771

Title: MGR (X) Change ( ) Addition
Name: KINNEY, MARY L
Address: 10225 ULMERTON RD.
City-St-Zip: LARGO, FL 33771

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: MARY L. KINNEY MGR 07/10/2007

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