2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L05000018887

Entity Name: W 5 CHIEFLAND, LLC

Current Principal Place of Business:

7505 W. SAND LAKE ROAD
ORLANDO, FL 32819

New Principal Place of Business:

7940 VIA DELLAGIO WAY
SUITE 200
ORLANDO, FL 32819

Current Mailing Address:

7505 W. SAND LAKE ROAD
ORLANDO, FL 32819

New Mailing Address:

7940 VIA DELLAGIO WAY
SUITE 200
ORLANDO, FL 32819

FEI Number: 20-2373149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

WHITTALL, CHARLES
7505 W. SAND LAKE ROAD
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

SANDERLIN, FRANK
7940 VIA DELLAGIO WAY
SUITE 200
ORLANDO, FL 32819 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: FRANK SANDERLIN 05/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WHITTALL, CHARLES
Address: 7505 W. SAND LAKE ROAD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CW FAMILY LLLP
Address: 7940 VIA DELLAGIO WAY, SUITE 200
City-St-Zip: ORLANDO, FL 32819

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: CHARLES WHITTALL LP 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date