

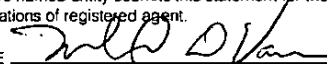
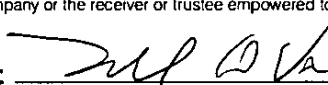


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90180 029 ****55.00

DOCUMENT # L05000049876 1. Entity Name CHICK-P PROPERTIES, L.L.C.					
Principal Place of Business 1329 CORMORANT COURT JACKSONVILLE, FL 32259			Mailing Address 1329 CORMORANT COURT JACKSONVILLE, FL 32259		
2. Principal Place of Business 784 BLANDING BLVD Suite, Apt. #, etc. SFE 110 City & State ORANGE PARK, FL Zip 32065 Country USA		3. Mailing Address 784 BLANDING BLVD Suite, Apt. #, etc. SFE 110 City & State ORANGE PARK, FL Zip 32065 Country USA		60023072 	
4. FEI Number 65-1250844				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				03222006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent VANOVER, MICHAEL D 1329 CORMORANT COURT JACKSONVILLE, FL 32259			7. Name and Address of New Registered Agent Name VANOVER, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 1328 CORMORANT CT City JACKSONVILLE FL Zip Code 32259		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  MICHAEL D. VANOVER, MGRM DATE 3/22/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANOVER, MICHAEL D 1329 CORMORANT COURT JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANOVER, MICHAEL D 1328 CORMORANT CT JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANOVER, SHELLY L 1329 CORMORANT COURT JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANOVER, SHELLY L 1328 CORMORANT CT JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. MICHAEL D. VANOVER SIGNATURE:  MGRM DATE 3/22/06 DAYTIME PHONE # 904-272-2438 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					