

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049876

Entity Name: CHICK-P PROPERTIES, L.L.C.

FILED
Apr 07, 2007
Secretary of State

Current Principal Place of Business:

784 BLANDING BLVD
SUITE 110
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

784 BLANDING BLVD
SUITE 110
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 65-1250844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANOVER, MICHAEL D
1328 CORMORANT CT
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

VANOVER, MICHAEL D
619 FENWICK LN
JACKSONVILLE, FL 32259 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: MICHAEL D VANOVER

04/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VANOVER, MICHAEL D
Address: 1328 CORMORANT CT
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: VANOVER, SHELLY L
Address: 1328 CORMORANT CT
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VANOVER, MICHAEL D
Address: 619 FENWICK LN
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM (X) Change () Addition
Name: VANOVER, SHELLY L
Address: 619 FENWICK LN
City-St-Zip: JACKSONVILLE, FL 32259

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: MICHAEL D VANOVER

MGRM

04/07/2007

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