

JAN-06-06 FRI 05:54 PM FIELDSTONE LESTER

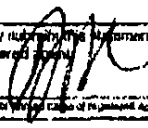
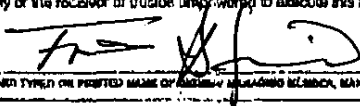
FAX NO.

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90034 005 \*\*\*\*50.00

FAXmaker fax server, visit http://www.gli.com

**2006 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                                         |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L05000064881</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |                                                        |                                                                   |
| 1. Entity Name<br><b>NATURAL CHICKEN PARTNERS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                      |                                                                                                                                         |                                                                   |
| Principal Place of Existence<br><b>815 NW 57TH AVE. STE 405<br/>MIAMI, FL 33126</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                      | Mailing Address<br><b>815 NW 57TH AVE. STE 405<br/>MIAMI, FL 33126</b>                                                                  |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      | 3. Mailing Address                                                                                                                      |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                      | City & State                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                      | Zip                                                                                                                                     |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                      | Country                                                                                                                                 |                                                                   |
| 4. FEI Number<br><b>20-3082988</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                   |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                      | 6. Name and Address of Current Registered Agent<br><b>LESTER, PAUL A<br/>201 ALHAMBRA CIR.<br/>SUITE 601<br/>CORAL GABLES, FL 33134</b> |                                                                   |
| 7. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                      | Name                                                                                                                                    |                                                                   |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      | City                                                                                                                                    |                                                                   |
| State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                      | Zip Code                                                                                                                                |                                                                   |
| 8. The filer hereby certifies that the information furnished for the purpose of changing its registered office or registered agent, or both, in the State of Florida, is true and correct, and I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                                         |                                                                   |
| SIGNATURE<br>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                      | DATE                                                                                                                                    |                                                                   |
| Filing Fee is \$40.00<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                      | Make check payable to<br>Florida Department of State                                                                                    |                                                                   |
| A. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                      | B. ADDITIONS/CHANGES                                                                                                                    |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete<br><b>Managing Member<br/>Francisco A. ESPINOSA<br/>815 NW 57th Ave Suite 405<br/>Miami FL 33126</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <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 118, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature will 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 606, Florida Statutes. |                                                                                                                                      |                                                                                                                                         |                                                                   |
| SIGNATURE:<br>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                      | DATE<br><b>1/9/06</b>                                                                                                                   |                                                                   |

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