2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

08-18-2006 90027 012 ****50.00

DOCUMENT # L05000117438

1. Entity Name
CHICKADEE LC

Principal Place of Business	Mailing Address
1 SLEIMAN PARKWAY SUITE 280 JACKSONVILLE, FL 32216	1 SLEIMAN PARKWAY SUITE 280 JACKSONVILLE, FL 32216

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07252006 Chg-LLC CR2E083 (11/05)

4. FEI Number: N/A ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CONSIDINE, TRACY J
1 SLEIMAN PARKWAY
SUITE 280
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name: Robert A. Heekin
Street Address (P.O. Box Number is Not Acceptable): 1 Sleiman Parkway
Suite 280
City: Jacksonville FL Zip Code: 32216

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: [signature] Robert A. Heekin August 3, 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☒ Delete
NAME	CONSIDINE, TRACY J	
STREET ADDRESS	1 SLEIMAN PARKWAY, SUITE 280	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	☒ Change ☐ Addition
NAME	David Ponce, Sr.	
STREET ADDRESS	5167 Redbird Road	
CITY-ST-ZIP	St. Augustine, Florida 32080	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: [signature] TRACY CONSIDINE August 3, 2006 (904) 636-9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #