
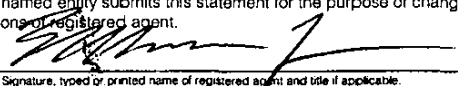



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90133 030 ****50.00

DOCUMENT # L98000001129 1. Entity Name E. M. CHADBOURNE INDUSTRIES, L.L.C.					
Principal Place of Business 17 W. CEDAR ST., SUITE 3 PENSACOLA, FL 32501/2			Mailing Address 17 W. CEDAR ST., SUITE 3 PENSACOLA, FL 32501/2		
2. Principal Place of Business Suite, Apt. #, etc. City & State			3. Mailing Address Suite, Apt. #, etc. City & State		
(Zip) 32502 Country			(Zip) 32502 Country		
6. Name and Address of Current Registered Agent CHADBOURNE, EDWARD M JR. 17 W. CEDAR STREET SUITE 3 PENSACOLA, FL 32501/2			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL (Zip Code) 32502		
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  Edward M. Chadbourne, Jr. 1/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	MGR CHADBOURNE, EDWARD M JR. 17 W. CEDAR ST., SUITE 3 PENSACOLA, FL 32502	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHADBOURNE, EDWARD M III 17 W. CEDAR ST., SUITE 3 PENSACOLA, FL 32502	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMARIA, CAROLINE C 17 W. CEDAR ST., SUITE 3 PENSACOLA, FL 32502	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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:  Edward M. Chadbourne, Jr. 1/20/06 (850) 434-2244 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					