

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90036 044 ****50.00

DOCUMENT # L99000007627

1. Entity Name
CHEVALINE FARMS, L.L.C.



Principal Place of Business
4834 ROCKING HORSE LANE
SARASOTA, FL 34241

Mailing Address
4834 ROCKING HORSE LANE
SARASOTA, FL 34241



04052006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3642769 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired **\$5.00** Additional Fee Required...

6. Name and Address of Current Registered Agent

MAGLICH, DAVID S
1515 RINGLING BLVD. SUITE 1000
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-------------------------|
| TITLE | MGRM |
| NAME | LABERGE, DAVID |
| STREET ADDRESS | 4834 ROCKING HORSE LANE |
| CITY-ST-ZIP | SARASOTA, FL 34241 |
| TITLE | MGRM |
| NAME | LABERGE, MICHELINE |
| STREET ADDRESS | 4834 ROCKING HORSE LANE |
| CITY-ST-ZIP | SARASOTA, FL 34241 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: *Micheline Laberge*

4/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #