


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000007627 1. Entity Name CHEVALINE FARMS, L.L.C.	
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Principal Place of Business 4834 ROCKING HORSE LANE SARASOTA, FL 34241	Mailing Address 4834 ROCKING HORSE LANE SARASOTA, FL 34241
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DO NOT WRITE IN THIS SPACE



01252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3642769	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

000000615646
02/06/07-80080-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LABERGE, DAVID 4834 ROCKING HORSE LANE SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LABERGE, MICHELINE 4834 ROCKING HORSE LANE SARASOTA, FL 34241
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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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/30/07 *941-924-1778*
Date Daytime Phone #