2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M06000004365

1. Entity Name CHUMCUCKLA, LLC



Principal Place of Business Mailing Address

420 CENTURY WAY, SUITE 200 RED OAK, TX 75154

420 CENTURY WAY, SUITE 200 RED OAK, TX 75154

FILED Apr 05, 2007 8:00 am Secretary of State

04-05-2007 90025 043 ****55.00



. . .

03242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For
20-4423850	 Not Applicable
5. Certificate of Status Desired	5.00 Additional

6. Name and Address of Current Registered Agent

CARTLEDGE, LEE 3636 N. L STREET PENSACOLA, FL 32505

SIGNATURE:

DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

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	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 May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	BROWN, J. RANDAL	
STREET ADDRESS	420 CENTURY WAY, SUITE 200	
CITY-ST-ZIP	RED OAK, TX 75154	,
TITLE		
NAME		
STREET ADDRESS Caty-St-Zip		
TITLE		
NAME STREET ADDRESS		
CITY-ST-ZIP		I DO NOT WRITE
TITLE		
NAME		IN THIS SPACE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		·
NAME		
STREET ADORESS		
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 eceiver or truebe empowered to execute this report as required by Chapter 608, Florida Statutes.		

NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE