

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007872

FILED
May 02, 2007
Secretary of State

Entity Name: CONNER'S A-MAIZE-ING ACRES LLC

Current Principal Place of Business:

20090 CR 121
HILLIARD, FL 32046 US

New Principal Place of Business:

Current Mailing Address:

19620 CR 121
HILLIARD, FL 32046 US

New Mailing Address:

FEI Number: 20-3173039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CONNER, BETTY J
19620 CR 121
HILLIARD, FL 32046 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CONNER, BETTY J
Address: 19620 CR 121
City-St-Zip: HILLIARD, FL 32046 US

Title: MGRM () Delete
Name: CONNER, EDDIE L
Address: 19620 CR 121
City-St-Zip: HILLIARD, FL 32046 US

Title: MGRM () Delete
Name: MCLENDON, SUSAN A
Address: 18401 CONNER RD.
City-St-Zip: HILLIARD, FL 32046 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDDIE L. CONNER

MGRM

05/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date