

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122002

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: LEWIS TRIANGLE FARMS, LLC

**Current Principal Place of Business:**

408 SE 7TH STREET  
JASPER, FL 32052 US

**New Principal Place of Business:**

**Current Mailing Address:**

408 SE 7TH STREET  
JASPER, FL 32052 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEWIS, HORACE G SR.  
408 SE 7TH STREET  
JASPER, FL 32052 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: MGRM ( ) Delete  
Name: LEWIS, HORACE G SR.  
Address: 408 SE 7TH STREET  
City-St-Zip: JASPER, FL 32052 US

Title: MGRM ( ) Delete  
Name: LEWIS, MARGARET  
Address: 408 SE 7TH STREET  
City-St-Zip: JASPER, FL 32052 US

**ADDITIONS/CHANGES:**

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: GERRY LEWIS

MGRM

03/23/2009

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