

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008053

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**Entity Name:** HALF CIRCLE L MANAGEMENT, LLC

**Current Principal Place of Business:**

2424 THORP ROAD  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

2424 THORP ROAD  
IMMOKALEE, FL 34142

**New Mailing Address:**

FEI Number: 26-1824808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KELLY, CHARLES M JR.  
2390 TAMIAMI TRAIL NORTH, SUITE 204  
NAPLES, FL 34103 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  
Name: SCOFIELD, MICHAEL K  
Address: 2424 THORP ROAD  
City-St-Zip: IMMOKALEE, FL 34142

Title: MGRM  
Name: SCOFIELD, DANE T  
Address: 2424 THORP ROAD  
City-St-Zip: IMMOKALEE, FL 34142

Title: MGRM  
Name: SCOFIELD, MILES L  
Address: 38 BANYAN ROAD  
City-St-Zip: NAPLES, FL 34108

I hereby 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: DANE T. SCOFIELD

MGRM

03/16/2010

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