

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 07, 2011  
Secretary of State**

DOCUMENT# L08000008053

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

**Current Principal Place of Business:**

**New Principal Place of Business:**

2424 THORP ROAD  
IMMOKALEE, FL 34142

**Current Mailing Address:**

**New Mailing Address:**

2424 THORP ROAD  
IMMOKALEE, FL 34142

**FEI Number:** 26-1824808      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

KELLY, CHARLES M JR.  
2390 TAMIAMI TRAIL NORTH, SUITE 204  
NAPLES, FL 34103      US

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 SCOFIELD

MGRM

04/07/2011

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