

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004817

Entity Name: ENDEAVOR FARM, LLC

FILED  
Sep 04, 2005  
Secretary of State

## Current Principal Place of Business:

17198 NW 87TH AVENUE RD  
REDDICK, FL 32686

## New Principal Place of Business:

5540 SW 6TH PLACE  
OCALA, FL 34474

## Current Mailing Address:

17198 NW 87TH AVENUE RD  
REDDICK, FL 32686

## New Mailing Address:

5540 SW 6TH PLACE  
OCALA, FL 34474

FEI Number: 59-3640095      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:

HALE, J P  
17198 NW 87TH AVENUE RD  
REDDICK, FL 32686      US

## Name and Address of New Registered Agent:

HALE, JAMES  
5540 SW 6TH PLACE  
OCALA, FL 34474      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: JAMES HALE

09/04/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: HALE, J. PHILIP  
Address: 17198 NW 87TH AVENUE RD  
City-St-Zip: REDDICK, FL 32686

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: HALE, JAMES  
Address: 5540 SW 6TH PLACE  
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES HALE

MGR

09/04/2005

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