

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010852

FILED  
Jul 05, 2006  
Secretary of State

Entity Name: CIRCLE Y GROVES HARVESTING, LLC

**Current Principal Place of Business:**

3825 CANOE CREEK ROAD  
ST. CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

3825 CANOE CREEK ROAD  
ST. CLOUD, FL 34772

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

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

SHUFFIELD, W. CHARLES ESQ.  
HENRY C YATES  
3825 CANOE CREEK ROAD  
ST CLOUD, FL 34772 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: MGR ( ) Delete  
Name: YATES, HENRY C  
Address: 3825 CANOE CREEK RD.  
City-St-Zip: ST. CLOUD, FL 34772

Title: MGRM ( ) Delete  
Name: YATES, REESIE M  
Address: 3825 CANOE CREEK ROAD  
City-St-Zip: ST CLOUD, FL 34772

**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 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: REESIE M YATES

MGRM

07/05/2006

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