

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003619

**FILED**  
**Feb 16, 2005**  
**Secretary of State**

**Entity Name:** BLUEBERRY FARMS OF GEORGIA, LLC

**Current Principal Place of Business:**

1900 5TH STREET, N.W.  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

1900 5TH STREET NW  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

POST OFFICE BOX 3036  
WINTER HAVEN, FL 338853036

**New Mailing Address:**

PO BOX 3036  
WINTER HAVEN, FL 33885

**FEI Number:** 59-3709726

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DYAL, LUCIUS M JR  
1900 FIFTH ST NW  
WINTER HAVEN, FL 33881 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MIXON, GERALD M SR  
Address: 1900 5TH STREET, NE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MIXON, KEITH D  
Address: 1900 5TH STREET NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGR ( ) Change (X) Addition  
Name: DETJEN, SCARLET D  
Address: 1900 FIFTH ST NW  
City-St-Zip: WINTER HAVEN, FL 33881

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: SCARLET DETJEN

MGR

02/16/2005

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