

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90065 007 \*\*\*\*55.00

**DOCUMENT # L01000005248**

1. Entity Name

**WARNER HARRELL PLANTATION, L.L.C.**



Principal Place of Business

**14744 40TH STREET  
LIVE OAK FL 32060**

Mailing Address

**14744 40TH STREET  
LIVE OAK FL 32060**

2. Principal Place of Business

**14720 40th St.**

3. Mailing Address

**14720 40th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Live Oak, FL**

City & State

**Live Oak FL**

Zip

**32060**

Country

**us**

Zip

**32060**

Country

**us**

4. FEI Number

**59-3567659**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRELL, C.W. R  
14744 40TH STREET  
LIVE OAK FL 32060**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **HARRELL, C.W. R**  
STREET ADDRESS **14744 40TH STREET**  
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **MGRM** ☐ Delete  
NAME **HARRELL, CURTIS R**  
STREET ADDRESS **18359 24TH ST.**  
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **MGRM** ☐ Delete  
NAME **HARRELL, MATTHEW W**  
STREET ADDRESS **5467 173RD PL**  
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #