

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90116 047 ****50.00

DOCUMENT # L01000006178

1. Entity Name

B - III FARMS AND PROPERTIES, LLC



Principal Place of Business

~~2 NORTH BISHOP ST.~~
CROSS CITY FL 32628-2568

Mailing Address

P.O. BOX 2568
CROSS CITY FL 32628-2568

2. Principal Place of Business

531 NE 259th Street
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2568
Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

Cross City, FL

City & State

Cross City, FL

4. FEI Number

59-3716864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKHAM, T.L.
~~BISHOP STREET 2N~~
CROSS CITY FL 32628-2568

7. Name and Address of New Registered Agent

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

Sen Beal

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

(NOTE: Registered Agent signature required when reinstating)

4/13/04

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BECKHAM, T.L.
STREET ADDRESS ~~BISHOP STREET 2N~~ 531 NE 259th Street
CITY-ST-ZIP CROSS CITY FL 32628-2568 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

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

04/13/04 (352) 498-2019
Date Daytime Phone #