


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90139 037 ****50.00

DOCUMENT # L01000006178	
1. Entity Name B - III FARMS AND PROPERTIES, LLC	

Principal Place of Business 531 NE 259TH ST. CROSS CITY FL 32628	Mailing Address P.O. 2568 CROSS CITY FL 32628
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2. Principal Place of Business - No P.O. Box # 16291 SE Hwy 19	3. Mailing Address PO Box 2568
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State Cross City, FL	City & State Cross City, FL
Zip 32628	Zip 32628
Country Dixie	Country Dixie

4. FEI Number 59-3716864	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BECKHAM, T.L. 531 NE 259TH ST. CROSS CITY FL 32628-5880	
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 TL Beck <small>Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when "reinstating")</small>	owner/ Mgr TL Beckham 1/23/07 <small>DATE</small>

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR BECKHAM, T.L. 531 NE 259TH ST. CROSS CITY FL 32628 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: TL Beck **owner/ Mgr. TL Beckham** **1/23/07** **(352) 498-2604**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #