2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000011486

1. Entity Name
B&C TREE FARM, LLC

Principal Place of Business	Mailing Address
217 JOHN KNOX RD TALLAHASSEE, FL 32303	217 JOHN KNOX RD TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

02202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3736741
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BUFORD JR, A L
217 JOHN KNOX RD
TALLAHASSEE, FL 32303

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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 _____ DATE
(If changing Registered Agent, signature required where indicated)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BUFORD, A.L. III
STREET ADDRESS	6295 BLACK FOX WAY
CITY ST ZIP	TALLAHASSEE, FL 32312
TITLE	MGR
NAME	I.R., COCHRAN
STREET ADDRESS	PO BOX 1628
CITY ST ZIP	LAKE CITY, FL 32056
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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NAME	
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CITY ST ZIP	

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03/23/06-80019-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #