

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000011486	
1. Entity Name B&C TREE FARM, LLC	

Principal Place of Business 217 JOHN KNOX RD TALLAHASSEE, FL 32303	Mailing Address 217 JOHN KNOX RD TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE



01152007 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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

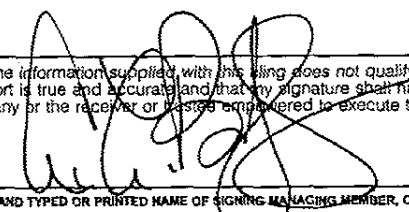
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUFORD, A.L. III 6295 BLACK FOX WAY TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR I.R., COCHRAN PO BOX 1628 LAKE CITY, FL 32056
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01/26/07-80023-020 50.00

**DO NOT WRITE
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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:  **1-23-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____