

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017970

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: BILL RHODES HONEY COMPANY, L.L.C.

## Current Principal Place of Business:

38430 TIMBERLANE DR.  
UMATILLA, FL 32784

## New Principal Place of Business:

## Current Mailing Address:

38430 TIMBERLANE DR.  
UMATILLA, FL 32784

## New Mailing Address:

FEI Number: 59-3754241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RHODES, ANNA S MGRM  
38430 TIMBERLANE DRIVE  
UMATILLA, FL 32784 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: RHODES, JR, WILLIAM M  
Address: 38430 TIMBERLANE DRIVE  
City-St-Zip: UMATILLA, FL 32784

Title: MGRM ( ) Delete  
Name: RHODES, ANNA S  
Address: 38430 TIMBERLANE DRIVE  
City-St-Zip: UMATILLA, FL 32784

Title: MGRM ( ) Delete  
Name: RHODES, III, WILLIAM M  
Address: 3200 PABLO CREEK WAY  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: RHODES, ROBERT P  
Address: 2315 OVERLOOK DRIVE  
City-St-Zip: MOUNT DORA, FL 32757

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANNA S RHODES

MGRM

04/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date