

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90001 044 ****50.00

DOCUMENT # L01000019111

1. Entity Name

SANTA FE FOREST, L.L.C.



Principal Place of Business

14706 MAIN STREET
ALACHUA FL 32615

Mailing Address

PO BOX 519
ALACHUA FL 32616

2. Principal Place of Business

14420 NW 151 Blvd.

3. Mailing Address

SAME AS ABOVE



MOORE

CR2E083 (11/03)

City & State

ALACHUA FL

City & State

4. FEI Number

59-3758141

Applied For

Not Applicable

Zip

32615

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOMPKINS, DARRYL J
14706 MAIN STREET
ALACHUA FL 32615

14420 NW 151 Blvd.

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

1/26/04

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	<input type="checkbox"/> Delete
NAME	TOMPKINS, DARRYL J	
STREET ADDRESS	PO BOX 519	
CITY-ST-ZIP	ALACHUA FL 32616	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SHAW, JAMES W	
STREET ADDRESS	13505 N.W. 88TH PLACE	
CITY-ST-ZIP	ALACHUA FL 32616	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

[Signature]

DARRYL J. TOMPKINS
MANAGER

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

1/26/04 (386) 418-1000

Date Daytime Phone #