


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90035 005 \*\*\*\*55.00

<b>DOCUMENT # L02000006300</b> 1. Entity Name SOUTH PRONG PLANTATION, L.L.C.					
Principal Place of Business 255 NORTH LAKE AVENUE LAKE BUTLER, FL 32054			Mailing Address P.O. BOX 238 LAKE BUTLER, FL 32054		
2. Principal Place of Business - No P.O. Box # 12469 W SR 100		3. Mailing Address Suite, Apt. #, etc.			
City & State Lake Butler FL		City & State Lake Butler FL		4. FEI Number 04-3625095	
Zip 32054		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  ROBERTS, AVERY C 255 NORTH LAKE AVENUE LAKE BUTLER, FL 32054			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 12469 West SR 100 City Lake Butler FL Zip Code 32054		
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 <u>Avery C. Roberts</u> DATE <u>4-17-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, GARY 2361 BRIDGETTE WAY GREEN COVE SPRINGS, FL 32093	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHADD, JOHN L PO BOX 506 LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRANT, WILLIAM P PO BOX 4548 JACKSONVILLE, FL 32201	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, AVERY 255 NORTH LAKE AVENUE LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Roberts Avery 12469 W. SR 100 Lake Butler FL 32054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Roberts Avery 12469 W. SR 100 Lake Butler FL 32054	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Roberts Avery 12469 W. SR 100 Lake Butler FL 32054	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Avery C. Roberts</u> DATE <u>4-17-07</u> DAYTIME PHONE # <u>386-496-3509</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

40070322



01042007 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

12469 West SR 100

City Lake Butler

FL

Zip Code 32054

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
MILLER, GARY  
2361 BRIDGETTE WAY  
GREEN COVE SPRINGS, FL 32093

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
SHADD, JOHN L  
PO BOX 506  
LAKE BUTLER, FL 32054

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
BRANT, WILLIAM P  
PO BOX 4548  
JACKSONVILLE, FL 32201

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
ROBERTS, AVERY  
255 NORTH LAKE AVENUE  
LAKE BUTLER, FL 32054

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
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☐ Change ☐ Addition

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SIGNATURE:

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

Date

Daytime Phone #