

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-31-2008 90068 012 ***138.75

DOCUMENT # L02000013525	
1. Entity Name MCRAE FARMS, LLC	

Principal Place of Business 1820 HIGHWAY 2 EAST GRACEVILLE FL 32440	Mailing Address 1820 HIGHWAY 2 EAST GRACEVILLE FL 32440
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 59-1257729	Applied For ☐ No: Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

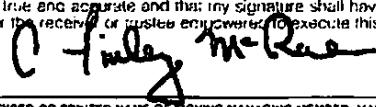
6. Name and Address of Current Registered Agent -MCRAE, C. FINLEY 1820 HIGHWAY 2 EAST GRACEVILLE FL 32440	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity is this day, _____, 2008, before me, _____, a Notary Public in and for the State of Florida, personally known to me, and accepted by me to be the true and lawful agent of the entity, and I am familiar with, and accept the obligations of registration.	
SIGNATURE _____	SIGNATURE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCRAE, C. FINLEY 1820 HWY 2 EAST GRACEVILLE FL 32440 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCRAE, ROBERT 1820 HWY 2 EAST GRACEVILLE FL 32440 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 609, Florida Statutes.	
SIGNATURE: 	1/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	