## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-7/P

## Apr 18, 2005 8:00 am Secretary of State DOCUMENT # L02000025482 04-18-2005 90071 038 \*\*\*\*50.00 FROG POND FARMS, LLC Principal Place of Business Mailing Address 20034714 P.O. BOX 238 P.O. BOX 238 LAKE BUTLER, FL 32054 LAKE BUTLER, FL 32054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082005 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable 51-0430744 Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, JEREMY L Street Address (P.O. Box Number is Not Acceptable) 225 N. LAKE AVENUE LAKE BUTLER, FL 32054 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME MILLER, JEREMY L NAME STREET ADDRESS 255 N LAKE AVE STREET ADDRESS LAKE BUTLER, FL 32054 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete IIILE □ Change ☐ Addition NAME STREET ADDRESS SZERGI ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TIΠE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP

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.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**