

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90367 009 \*\*\*\*55.00

**DOCUMENT # L02000025806**

1. Entity Name  
**GOPHER RIDGE PROPERTIES, LLC**



Principal Place of Business  
P.O. BOX 238  
LAKE BUTLER, FL 32054

Mailing Address  
P.O. BOX 238  
LAKE BUTLER, FL 32054

**60038642**



2. Principal Place of Business - No P.O. Box #  
**12469 W. SR 100**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01042007 Chg-LLC CR2E083 (12/06)

City & State  
**Lake Butler FL**  
Zip **32054** Country

City & State  
Zip Country

4. FEI Number  
**58-9246022**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MILLER, JEREMY L**  
**255 N. 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 W 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]* **Avery C. Roberts**

**4/18/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR**  
**MILLER, JEREMY L**  
**255 N LAKE AVE**  
**LAKE BUTLER, FL 32054** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
**12469 W SR 100**  
**Lake Butler FL 32054**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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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 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:**

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

*[Signature]* **Avery C. Roberts**

**4/18/07**

Date

**386-496-3509**

Daytime Phone #