2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 09, 2006
Secretary of State

DOCUMENT# L02000029303

Entity Name: SYCAMORE FARMS, LLC

Current Principal Place of Business:

1470 US HIGHWAY 17 SOUTH
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 819
BARTOW, FL 33831

New Mailing Address:

FEI Number: 51-0446481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LAURENT, JOHN F
2050 LAURENT RANCH ROAD
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	LAURENT, JOHN F	
Address:	P.O. BOX 1018 HWY 60E	
City-St-Zip:	BARTOW, FL 33831	
Title:	MGR	( ) Delete
Name:	FLETCHER, CASEY A	
Address:	P. O. BOX 819	
City-St-Zip:	BARTOW, FL 33831	
Title:	MGR	( ) Delete
Name:	HUCKABEE, LARRY	
Address:	126 HUCKABEE POND ROAD	
City-St-Zip:	GILBERT, SC 29054	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CASEY A. FLETCHER MGR 09/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date