

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029303

Entity Name: SYCAMORE FARMS, LLC

FILED  
Feb 04, 2008  
Secretary of State

## 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 ( )

## 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 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

02/04/2008

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