

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000000007

**FILED**  
**Jan 08, 2009**  
**Secretary of State**

**Entity Name:** SPLIT CREEK FARMS, L.L.C.

**Current Principal Place of Business:**

908 IRIS DRIVE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

908 IRIS DRIVE  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

13060 52ND PLACE SOUTH  
LAKE WORTH, FL 33467

**New Mailing Address:**

908 IRIS DRIVE  
DELRAY BEACH, FL 33483

**FEI Number:** 75-3092076      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

KRISE, CHERYL L  
908 IRIS DRIVE  
DELRAY BEACH, FL 33483      US

**Name and Address of New Registered Agent:**

SCHATZ, RANDEE S  
220 SUNRISE AVENUE  
#209  
PALM BEACH, FL 33480      US

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: RANDEE S. SCHATZ

01/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: KRISE, CHERYL L  
Address: 908 IRIS DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: KRISE, CHERYL L  
Address: 908 IRIS DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM      ( ) Change      (X) Addition  
Name: KRISE, RONALD L  
Address: 908 IRIS DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

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: CHERYL L. KRISE

MGRM

01/08/2009

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