

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000007

FILED  
Feb 16, 2011  
Secretary of State

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

**Current Principal Place of Business:**

220 SUNRISE AVENUE  
#209  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

220 SUNRISE AVENUE  
#209  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 75-3092076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHATZ, RANDEE S  
220 SUNRISE AVENUE  
#209  
PALM BEACH, FL 33480 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: MGRM  
Name: KRISE, CHERYL L  
Address: 1120 EDGEWATER WAY  
City-St-Zip: LENOIR CITY, TN 37772

Title: MGRM  
Name: KRISE, RONALD L  
Address: 1120 EDGEWATER WAY  
City-St-Zip: LENOIR CITY, TN 37772

I hereby 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

02/16/2011

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