

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000006829

Entity Name: PARTRIDGE PEA, LLC

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

14024 NW US HWY 441  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1857  
ALACHUA, FL 32616

**New Mailing Address:**

FEI Number: 16-1658355

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WIGGINS, J. ARDENE  
14024 NW US HWY 441  
ALACHUA, FL 32615 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: WIGGINS, JOSEPH ARDENE ESTATE  
Address: 14024 NW US HWY 441  
City-St-Zip: ALACHUA, FL 32615

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: JO V. WIGGINS

MGRM

01/26/2011

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