

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000006842

1. Entity Name

BURKHEAD GIN COMPANY, L.L.C.



Principal Place of Business

14294 HIGHWAY 89 NORTH  
JAY, FL 32565-0069

Mailing Address

P.O. BOX 69  
JAY, FL 32565-0069



05062005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0965713

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURKHEAD, BUDDY Z  
14294 HIGHWAY 89 NORTH  
JAY, FL 32565-0069

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

1100000365100  
05/09/05-80026-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME BURKHEAD, BUDDY Z  
STREET ADDRESS 14294 HIGHWAY 89 NORTH  
CITY- ST- ZIP JAY, FL 325650069

TITLE MGR  
NAME BURKHEAD, BETTY J  
STREET ADDRESS 14294 HIGHWAY 89 NORTH  
CITY- ST- ZIP JAY, FL 325650069

TITLE MGR  
NAME BURKHEAD, ZANE BRIAN  
STREET ADDRESS 14294 HIGHWAY 89 NORTH  
CITY- ST- ZIP JAY, FL 325650069

TITLE MGR  
NAME BURKHEAD, SANDY SCOTT  
STREET ADDRESS 14294 HIGHWAY 89 NORTH  
CITY- ST- ZIP JAY, FL 325650069

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/6/05 850 675 4636

Date

Daytime Phone #