

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006842

FILED
Jul 06, 2007
Secretary of State

Entity Name: BURKHEAD GIN COMPANY, L.L.C.

Current Principal Place of Business:

14294 HIGHWAY 89 NORTH
JAY, FL 325650069

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 69
JAY, FL 325650069

New Mailing Address:

FEI Number: 20-0965713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

BURKHEAD, BUDDY Z
14294 HIGHWAY 89 NORTH
JAY, FL 325650069 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BURKHEAD, BUDDY Z
Address: 14294 HIGHWAY 89 NORTH
City-St-Zip: JAY, FL 325650069

Title: MGR () Delete
Name: BURKHEAD, BETTY J
Address: 14294 HIGHWAY 89 NORTH
City-St-Zip: JAY, FL 325650069

Title: MGR () Delete
Name: BURKHEAD, ZANE BRIAN
Address: 14294 HIGHWAY 89 NORTH
City-St-Zip: JAY, FL 325650069

Title: MGR () Delete
Name: BURKHEAD, SANDY SCOTT
Address: 14294 HIGHWAY 89 NORTH
City-St-Zip: JAY, FL 325650069

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:

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: BUDDY Z. BURKHEAD

MGR

07/06/2007

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