


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90142 016 \*\*\*\*50.00

**DOCUMENT # L03000010817**

1. Entity Name  
**SHILOH FARM, LLC**



Principal Place of Business  
**1500 BENJAMIN CHAIRES ROAD  
 TALLAHASSEE, FL 32317**

Mailing Address  
**201 SOUTH MONROE STREET  
 SUITE 500  
 TALLAHASSEE, FL 32301**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**101 North Monroe Street**  
 Suite, Apt. #, etc.  
**Suite 900**  
 City & State  
**Tallahassee, FL**  
 Zip  
**32301**

Country  
**USA**

4. FEI Number  
**01-0795561**

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

01202006 Chg-LLC CR2E083 (11/05)



**6. Name and Address of Current Registered Agent**

**MILLER, WILTON R  
 201 SOUTH MONROE STREET  
 SUITE 500  
 TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

Name  
**Wilton R. Miller**

Street Address (P.O. Box Number is Not Acceptable)  
**101 North Monroe Street**

**Suite 900**

City  
**Tallahassee** **FL** Zip Code  
**32301**

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 *Wilton R. Miller* **Wilton R. Miller** DATE **02/13/2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, SUSANNE 1500 BENJAMIN CHAIRES RD TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Susanne Miller* **Susanne D. Miller** DATE **2/16/06** DAYTIME PHONE # **850-766-5902**

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