

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000012958

1. Entity Name
ROOSTER CROSSING PLANTATION, L.L.C.



Principal Place of Business
407 EAST KING STREET
QUINCY, FL 32351

Mailing Address
~~407 EAST KING STREET~~
~~QUINCY, FL 32351~~

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO Box 378BK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIDWAY, FL

Zip

Country

Zip
32343

Country

GADSDEN

04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number
75-3727646

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SUBER, RICHARD G JR
503 APPELYARD DRIVE
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 May 1, 2007

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SUBER, RICHARD G JR.
407 EAST KING STREET
QUINCY, FL 32351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SUBER, SONJA
407 E KING ST
QUINCY, FL 32351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
BK 900101630219
05/07/07--01005--003 **\$0.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

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

Date

Daytime Phone #

FILED
07 APR 27 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

