

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015399

FILED
Apr 27, 2005
Secretary of State

Entity Name: FALLING LEAF PRODUCTS, L.L.C.

Current Principal Place of Business:

518 SW SAN JUAN PLACE
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 769
LAKE CITY, FL 320560769

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNS, LONNIE R JR.
518 SW SAN JUAN PLACE
LAKE CITY, FL 32025 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/MEMBERS:

Title: MGRM () Delete
Name: JOHNS, LONNIE R JR.
Address: 518 SW SAN JUAN PLACE
City-St-Zip: LAKE CITY, FL 32025

Title: MGRM () Delete
Name: STANDLICK, WILLIAM L
Address: ROUT 24 BOX 161
City-St-Zip: LAKE CITY, FL 32024

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: MORRELL, DAVID
Address: PINEMOUNT HWY
City-St-Zip: LAKE CITY, FL 32024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LONNIE R. JOHNS JR.

MGRM

04/27/2005

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