2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED DOCUMENT # L03000017303 Feb 01, 2006 08:00 AM 1. Entity Name **Secretary of State** SUWANNEE SPRINGS FARM LLC Principal Place of Business Mailing Address 18225 211TH ROAD LIVE OAK FL 32060 18225 211TH ROAD LIVE OAK FL 32060 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 41-2093591 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAAN, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 18225 211TH ROAD LIVE OAK FL 32060 City 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little & applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 U00000413729 Make Check Payable to Florida Department of State 02/11/06-80007-018 50.00 Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES THILE **MGRM** ☐ Delete ☐ Change Addition MAME BAAN, RICHARD J STREET ADDRESS 18225 211TH ROAD STREET ADDRESS CITY - ST-70F LIVE OAK FL 32060 CITY-ST-ZIP IIILE MGRM Delete TITLE ☐ Change ☐ Addition NAME NAME BAAN, SUSAN G STREET ADDRESS STREET ADDRESS 18225 211TH ROAD CITY - ST- ZIP CITY-ST-ZIP LIVE OAK FL 32060 TITLE \_ 🔲 Uelele THLE Change\_ MGRM \_ Addition MAME BAAN, JOSEPH R STREET ADDRESS STREET ADDRESS 18225 211TH ROAD CITY - ST- ZIP CITY-ST-ZIP LIVE OAK FL 32060 TALLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME BAAN, MICHAEL P NAME STREET ADDRESS 18225 211TH ROAD STREET ADDRESS CITY ST-ZIF LIVE OAK FL 32060 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NARAE STREET ADDRESS STREET ADDRESS CITY - ST- ZIF CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change Addition NAME NALAF STREET ADDRESS STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIG ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-7/P 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

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