

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023916

FILED
Feb 06, 2008
Secretary of State

Entity Name: FLYWAY FARMS, LLC

Current Principal Place of Business:

1619 NEW LEGEND COURT
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

1619 NEW LEGEND COURT
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 54-2115984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAFF, ROSE M
1619 NEW LEGEND COURT
TALLAHASSEE, FL 32312 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/MANAGERS:

Title: MGRM () Delete
Name: NAFF, ROSE M
Address: 1619 NEW LEGEND COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: BOYD, F. ALLEN
Address: 4867 ASHVILLE HIGHWAY
City-St-Zip: MONTICELLO, FL 32344

Title: MGRM () Delete
Name: BOYD, STEPHANIE
Address: 4867 ASHVILLE HIGHWAY
City-St-Zip: MONTICELLO, FL 32344

Title: MGRM () Delete
Name: DAVIS FAMILY PARTNER, SHIP LLC
Address: 2727 MILLER LANDING ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM () Delete
Name: GUM SWAMP LLC,
Address: 1536 ISABEL COURT
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: PAULA HERSHENSON DEC, LARATION OF TR U ST UTD
Address: 2239 KINGFISHER LANE
City-St-Zip: LINCOLN, CA 95648

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:

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

Title: MGRM (X) Change () Addition
Name: PAULA HERSHENSON DEC, LARATION OF TR U ST UTD
Address: 715 STOCKMAN LANE
City-St-Zip: LINCOLN, CA 95648

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: ROSE M. NAFF

MGRM

02/06/2008

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