2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025505

1. Entity Name ROSE HILL FARM OF FLORIDA, L.L.C.



FILED Apr 17, 2006 08:00 AM Secretary of State

Principal Place of Business

101 ROSEHILL LANE UNICOI, TN 37692 Mailing Address

PO BOX 429 UNICOI, TN 37692



03272008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number : 83-0267808 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAXLEY, MILTON H 1929 N.W. 12TH TERRACE GAINESVILLE, FL 32609

DO NOT WRITE IN THIS SPACE

March 27 2006

Cavina Phone #

5. 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 algorithm required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2008			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-DP	MGRM GONZALES, JOE 182 SUNSET AVE UNICOI, TN 37692		100000517862 00000517862
TITLE NAME STREET ADDRESS CITY-ST-ZIP			05/01/06-80060-022 5 5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	IOT WRITE
TITLE NAME STREET ADDRESS CUTY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS GRY-ST-ZIP			
11. I hereby certify that the information supplied with this filling cloes 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.			