

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000028816

1. Entity Name
FENN FARM, L.L.C.



FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90238 045 ****50.00

Principal Place of Business
509 BUNKERS COVE ROAD
PANAMA CITY, FL 32401

Mailing Address
509 BUNKERS COVE ROAD
PANAMA CITY, FL 32401

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

81-0627248

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FENN GREENE, SYLVIA
2820 COCOA AVENUE
PANAMA CITY, FL 32405

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
KENNEDY, ALETHA FENN
7326 WEST HIGHWAY 98
PORT ST. JOE BEACH, FL 32401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
ALLAN, BEVERLY FENN
509 BUNKERS COVE ROAD
PANAMA CITY, FL 32401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
LOVEJOY, REBA FENN
332 NORTH COVE BLVD.
PANAMA CITY, FL 32401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
GREENE, SYLVIA FENN
2820 COCOA AVENUE
PANAMA CITY, FL 32405

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.

SIGNATURE:

Sylvia Fenn Greene

Mar 20, 2005

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

Date

Daytime Phone #