

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000028816 1. Entity Name FENN FARM, L.L.C.	
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Principal Place of Business 509 BUNKERS COVE ROAD PANAMA CITY, FL 32401	Mailing Address 509 BUNKERS COVE ROAD PANAMA CITY, FL 32401
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02172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0627248	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000838864
03/05/08-80047-009 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, ALETHA FENN 7326 WEST HIGHWAY 98 PORT ST. JOE BEACH, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLAN, BEVERLY FENN 509 BUNKERS COVE ROAD PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVEJOY, REBA FENN 332 NORTH COVE BLVD. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, SYLVIA FENN 2820 COCOA AVENUE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does 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.

SIGNATURE: Beverly J. Allan **2-15-08** **850-769-2846**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #