

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000038469

**Entity Name:** BURLYNN FARM, LLC

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1950 LAUREL MANOR DRIVE  
SUITE 140  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1299  
THE VILLAGES, FL 32158

**New Mailing Address:**

**FEI Number:** 20-0409706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKATES, JEFFREY P  
1950 LAUREL MANOR DRIVE  
SUITE 140  
THE VILLAGES, FL 32162 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: V  
Name: BURNSED, LYNN  
Address: 1950 LAUREL MANOR DRIVE, SUITE 140  
City-St-Zip: THE VILLAGES, FL 32162

I hereby 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: LYNN BURNSED

V

04/01/2010

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