

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000040689

1. Entity Name
FANTASIA FARM, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 28 PM 4:00

Principal Place of Business
2010 S.W. 80TH STREET
OCALA, FL 34476

Mailing Address
~~14696 SOUTH WEST 112 CIRCLE~~
~~DUNNELLON, FL 34432~~



2. Principal Place of Business

3. Mailing Address
2010 SW 80th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242005 Chg-LLC CR2E083 (10/03)

City & State

City & State
Ocala, FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

34476 Marion

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

BECK, SALLY
14696 SOUTH WEST 112 CIRCLE
DUNNELLON, FL 34432

2010 SW 80th St
Ocala, FL
34476

Name

Sally Beck

Street Address (P.O. Box Number is Not Acceptable)

2010 SW 80th St

City

Ocala

FL

Zip Code

34476

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

Sally Beck

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/24/05

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
BECK, SALLY
14696 SOUTH WEST 112 CIRCLE
DUNNELLON, FL 34432 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Sally Beck
2010 SW 80th St
Ocala, FL 34476 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400047867254
03/08/05--01007--001 **\$5.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 608, Florida Statutes.

SIGNATURE:

Sally Beck

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

2/24/05

Date

Daytime Phone #

352-291-1937