

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000041800

1. Entity Name

DREAM FIELDS OF THE SOUTH, LLC



Principal Place of Business

1909 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

Mailing Address

1909 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE



07012005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

20-0396978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, KEVIN M
1909 CAPITAL CIR NE
TALLAHASSEE, FL 32308

**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

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DAVIS, KEVIN M
STREET ADDRESS	1909 CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	MGRM
NAME	LEWIS, HALLEY B
STREET ADDRESS	3375 CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	MGRM
NAME	GREEN, JACK M II
STREET ADDRESS	P.O. BOX 14435
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/14/05--01037--001 **600.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

KEVIN MONS 9/7/05 852-575-2244

05 SEP -9 AM 11:25
FILED
TALLAHASSEE, FLORIDA