2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **FILED** Jan 25, 2007 08:00 AN DOCUMENT # L04000037882 1. Entity Namo **Secretary of State** WRIGHT FARMS L.L.C. Principal Place of Business Mailing Address 4410 SR 31 4410 SR 31 PUNTA GORDA FL 33982 PUNTA GORDA FL 33982 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Applied For City & State 4. FEI Number City & Stato 26-0083586 Not Applicable \$5.00 Additional Zip Country Country 5. Cortificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WRIGHT, JULIAN L Street Address (P.O. Box Number is Not Acceptable) 4410 SR 31 PUNTA GORDA FL 33982 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 DATE Signature, typed or nutred name of registered agent and title if applicable NOTE Registered Agent signature required which reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Addition Change HHE MGR ☐ Delete KHE HAM NAME WRIGHT, JULIAN L U00000604115 SIDLE LADORESS STREET ADDRESS 4410 SR 31 01/29/07-80040-018 50.00 CUTY ST-71P CBY SLZIP PUNTA GORDA FL 33982 Change Addition ☐ Delete HHE IHI MGRM WRIGHT, CINDY S NAM SIDEL LADDRESS STREET ADORESS 4410 SR 31 CHY SI-7P CITY ST-71P PUNTA GORDA FL 33982 Addition Change | HRE 11111 ☐ Detete NAM NAM SIBH LADDRESS STRUCT ADDRESS CRY - 57 - 202 Unit St ZR Change ☐ Addition Delete [IIIE 11111 NAME SINU LADORESS STREET ADDRESS CHY-SI AT CITY SE ZIP ☐ Delete 11111 Channe Addition 11111 NAM SHELLANDRESS STREET ADDRESS CHY ST ZIP CITY -ST-ZIP ☐ Addillon ☐ Change mi Defeto HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 7/P CITY ST-782 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, that I am a managing member or manager of the limited liability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

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