

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044109

Entity Name: S&P FAMILY FARMS, L.L.C.

FILED  
May 01, 2006  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 217  
VALPARAISO, FL 32580

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 217  
VALPARAISO, FL 32580

**New Mailing Address:**

FEI Number: 20-1528784      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

FOSTER, WILLIAM SCOTT  
909 MAR WALT DRIVE, STE. 1014  
FORT WALTON BEACH, FL 32547      US

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

PITELL, LISA Y.  
4400 E. HWY 20  
SUITE 202  
NICEVILLE, FL 32580 US

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: LISA Y. PITELL

05/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SIMS, JOHN C IV  
Address: P.O. BOX 217  
City-St-Zip: VALPARAISO, FL 32580

Title: MGRM ( ) Delete  
Name: SIMS, PAUL GREGORY SR  
Address: P.O. BOX 217  
City-St-Zip: VALPARAISO, FL 32580

Title: MGRM ( ) Delete  
Name: PRICE, STANLEY DAVID  
Address: P.O. BOX 217  
City-St-Zip: VALPARAISO, FL 32580

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN C. SIMS IV

MGRM

05/01/2006

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