

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000058819

1. Entity Name  
CIRCLE A FARMS, L.L.C.



Principal Place of Business  
2477 RED ROAD  
PONCE DE LEON, FL 32455

Mailing Address  
2477 RED ROAD  
PONCE DE LEON, FL 32455



03142006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2373716

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ADAMS, CAROL  
2477 RED ROAD  
PONCE DE LEON, FL 32455

**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

*Carol Adams*

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

(NOTE: Registered Agent signature required when reinstating)

*4/29/06*

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME ADAMS, HERMAN  
STREET ADDRESS 2477 RED ROAD  
CITY-ST-ZIP PONCE DE LEON, FL 32455

TITLE MGR  
NAME ADAMS, DAVID  
STREET ADDRESS 2477 RED ROAD  
CITY-ST-ZIP PONCE DE LEON, FL 32455

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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05/17/06-80130-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:

*Carol Adams*

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

*4/29/06*

Date

Daytime Phone #