

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064762

Entity Name: SF CAMACHO SOD, LLC

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

14000 MJ ROAD
MYAKKA CITY, FL 34251

New Principal Place of Business:

42820 STATE ROAD 64 EAST
MYAKKA CITY, FL 34251

Current Mailing Address:

14000 MJ ROAD
MYAKKA CITY, FL 34251

New Mailing Address:

42820 STATE ROAD 64 EAST
MYAKKA CITY, FL 34251

FEI Number: 05-0611548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHIRK, PETER J
59 TIDY ISLAND BLVD
BRADENTON, FL, FL 34210 US

Name and Address of New Registered Agent:

SHIRK, PETER J
17 TIDY ISLAND BLVD
BRADENTON, FL, FL 34210 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: PETER J. SHIRK

01/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHIRK, PETER J
Address: 59 TIDY ISLAND BLVD
City-St-Zip: BRADENTON, FL 34210

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHIRK, PETER J
Address: 17 TIDY ISLAND BLVD
City-St-Zip: BRADENTON, FL 34210

Title: MGR () Change (X) Addition
Name: JACKSON, MARK A
Address: 8908 12TH AVENUE NW
City-St-Zip: BRADENTON, FL 34209

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: MARK A. JACKSON

MGR

01/09/2006

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