

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90264 013 \*\*\*143.75

**DOCUMENT # L04000073198**

1. Entity Name

HALL RANCH OF REVELLE FARMS, LLC



Principal Place of Business

1245 MANDY LANE  
ASTOR FL 32102

Mailing Address

24805 BARTRAM ROAD  
ASTOR FL 32102



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO BOX 157

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ASTOR, FL

City & State

City & State

32102

LAKE

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

65-1234280

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, JR., JON E PRES  
24805 BARTRAM ROAD  
ASTOR FL 32102

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when renouncing)

2-21-08

DATE

**FILE NOW!!! FEE IS \$138.75**

**After May 1, 2008, Fee Will Be \$538.75**

**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE VP  
NAME HALL, PATRICIA G  
STREET ADDRESS 24805 BARTRAM RD  
CITY-ST-ZIP ASTOR FL 32102

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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☐ Delete

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☐ Change

☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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 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]*

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

2-21-08

Date

Daytime Phone #