2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 13, 2006 8:00 am **Secretary of State DOCUMENT # L04000086790** 01-13-2006 90034 029 ****50.00 ABC WAKULLA FARMS, LLC Principal Place of Business Mailing Address UUVV~~ 3908 W. MILLERS BRIDGE ROAD 3908 W. MILLERS BRIDGE ROAD TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-1945538 Not Applicable Zip Country Zîp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PROCTOR, M. JULIAN JR Street Address (P.O. Box Number is Not Acceptable) 227 S. CALHOUN STREET TALLAHASSEE, FL 32301 City 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. Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR ☐ Delete TITLE ☐ Addition COGNETTA COGNITTO JR, ARMAND B NAME NAME STREET ADDRESS 3908 W MILLERS BRIDGE RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP MGR TITLE Delete TITLE ☐ Addition COGNETTA NAME COGNITTO, SUZANNE NAME STREET ADDRESS 3905 W MILLERS BRIDGE RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP TILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete BILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITL S

NAME

STREET ADDRESS

CSTY-ST-ZIP

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

☐ Delete

1-9-06

850-877 413°

☐ Change

Addition

FILED