

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000089526

1. Entity Name  
TRIPLE D FARM, LLC



Principal Place of Business  
1509 MARYLAND AVENUE  
LYNN HAVEN, FL 32444

Mailing Address  
1509 MARYLAND AVENUE  
LYNN HAVEN, FL 32444



04072006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
14-1918879

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

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

SINGLETERY, EMORY R III  
1509 MARYLAND AVENUE  
LYNN HAVEN, FL 32444

**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

*[Signature]*  
Signature, typed or printed, name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/06

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

000000502523  
04/25/06-80107-005 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SINGLETERY, EMORY R III  
1509 MARYLAND AVENUE  
LYNN HAVEN, FL 32444

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LEWIS, JOHN W  
2802 WHISPERWOOD LANE  
PANAMA CITY, FL 32405

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 of 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, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

4/6/06

850-770-7275