

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State

05-01-2006 90067 048 ****50.00

DOCUMENT # L05000009273					
1. Entity Name SAMANN FARMS, LLC					
Principal Place of Business 10009 CLUBHOUSE DRIVE BRADENTON, FL 34202			Mailing Address 10009 CLUBHOUSE DRIVE BRADENTON, FL 34202		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2257039	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KNOWLES, TIMOTHY A 1205 MANATEE AVENUE WEST BRADENTON, FL 34205				7. Name and Address of New Registered Agent James R. Gainer II 10009 Clubhouse Dr. Bradenton FL 34202	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary) DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
B. MANAGING MEMBERS/MANAGERS			C. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRINCIPAL James R. Gainer II 10009 Clubhouse Dr. Bradenton, FL 34202 ☐ 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 NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS 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 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: James R. Gainer II James R. Gainer II 4-28-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

941-226-1563