

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000013852

1. Entity Name  
REAL HOMESTEAD LLC



Principal Place of Business  
860 OAK PARK ROAD  
SOPCHOPPY, FL 32358

Mailing Address  
860 OAK PARK ROAD  
SOPCHOPPY, FL 32358

BK

**FILED**  
07 APR 24 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
38-3715885

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SIMMONS, SAMUEL W  
860 OAK PARK ROAD  
SOPCHOPPY, FL 32358

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2007

BK

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME SIMMONS, SAMUEL W  
STREET ADDRESS 860 OAK PARK ROAD  
CITY-ST-ZIP SOPCHOPPY, FL 32358 ☐ Delete

TITLE MGRM  
NAME TALLEY, JIMMY JR.  
STREET ADDRESS BOX 45 OTTER CREEK ROAD  
CITY-ST-ZIP SOPCHOPPY, FL 32358 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME Stephen Joseph Kosier  
STREET ADDRESS 45 Egret St. South  
CITY-ST-ZIP Crawfordville, FL 32327 ☐ Change ☒ Addition

TITLE MGRM  
NAME MARK Chadwell  
STREET ADDRESS 541 Otter Creek Rd  
CITY-ST-ZIP Sopchoppy, FL 32358 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Samuel W. Simon 4/24/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #