2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000015012

1. Entity Name
ERNST LIVE OAK FARMS, L.L.C.

Principal Place of Business	Mailing Address
9006 MERCER PIKE MEADVILLE, PA 16335	9006 MERCER PIKE MEADVILLE, PA 16335

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01242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2328367

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REAMS, JOE S III
418 SAND DOLLAR WAY
~~GRENVILLE~~, FL 32331
GREENVILLE

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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 Joe S. Reams, III 6/2/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

U00000766243
06/13/07-80003-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ERNST, ANDY L
STREET ADDRESS	9006 MERCER PIKE
CITY-ST-ZIP	MEADVILLE, PA 16335
TITLE	MGR
NAME	ERNST, MICHAEL C
STREET ADDRESS	9006 MERCER PIKE
CITY-ST-ZIP	MEADVILLE, PA 16335
TITLE	MGR
NAME	ERNST-PHILLIS, ROBIN L
STREET ADDRESS	9006 MERCER PIKE
CITY-ST-ZIP	MEADVILLE, PA 16335
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: W. Thomas Palmer W. THOMAS PALMER 5/22/07 814-336-2404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #