

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-29-2006 90021 032 ****50.00

DOCUMENT # L05000036300 1. Entity Name HOLLENBERG FARMS-HIGHLANDS, LLC					
Principal Place of Business 320 HOLLENBERG ROAD SEBRING FL 33872				Mailing Address 320 HOLLENBERG ROAD SEBRING FL 33872	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3425 Sparta Rd Suite, Apt. #, etc.			
City & State Sebring FL		City & State Sebring FL 33875-5359		4. FEI Number 03-0559275	
Zip 33872		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TINDAL, STEVEN L 3651 CORTEZ ROAD WEST SUITE 300 BRADENTON FL 34210				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and date of appointment (NOTE: Registered Agent signature required when reissuing)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HOLLENBERG FARMS, INC. 320 HOLLENBERG ROAD SEBRING FL 33872	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Edna Rutkosky, Pres.</u> 3/22/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					