

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AS)

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-05-2006 90032 016 ****50.00

DOCUMENT-#-L05000096492 1. Entity Name SUWANNEE FARMS, LLC																							
Principal Place of Business 19620 N CR 349 O'BRIEN FL			Mailing Address 19620 N CR 349 O'BRIEN FL																				
2. Principal Place of Business		3. Mailing Address																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																					
City & State		City & State		4. FEI Number 58-1358934																			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>																			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																			
PAYNE, CINDY 19620 N CR 349 O'BRIEN FL				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 reappointing) DATE _____																							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006																							
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>WIGHT, ROBERT P JR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>1421 MARYANN AVENUE TIFTON GA 31794</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	WIGHT, ROBERT P JR		CITY- ST- ZIP	1421 MARYANN AVENUE TIFTON GA 31794		10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 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: _____ **4-28-06** **386-776-2946**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #