

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT #L05000108621**

1. Entity Name  
**FARMER PMI, LLC**



Principal Place of Business  
**2616 HEAVENLY DRIVE  
MARIANNA, FL 32448 US**

Mailing Address  
**2616 HEAVENLY DRIVE  
MARIANNA, FL 32448 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01312006      Chg-LLC      CR2E083 (11/05)

4. FEI Number  
**20-3964645**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BAKER, FRANK A  
4431 LAFAYETTE STREET  
MARIANNA, FL 32446**

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

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, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

**10.**

**ADDITIONS/CHANGES**

TITLE      **MGRM**       Delete  
NAME      **FARMER, SAMUEL T**  
STREET ADDRESS      **2616 HEAVENLY DRIVE**  
CITY-ST-ZIP      **MARIANNA, FL 32448**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

TITLE      **MGRM**       Delete  
NAME      **FARMER, JOHANNA**  
STREET ADDRESS      **2616 HEAVENLY DRIVE**  
CITY-ST-ZIP      **MARIANNA, FL 32448**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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Change       Addition

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Change       Addition

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CITY-ST-ZIP

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:**

*Johnna Farmer Johanna Farmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED  
Feb 16, 2006 8:00 am  
Secretary of State**

02-16-2006 90141 047 \*\*\*\*50.00

**Z0008254**

