


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90131 019 \*\*\*\*50.00

**DOCUMENT # L05000123691**  
 1. Entity Name  
**GERONIMO FARMS REALTY HOLDINGS, LLC**



Principal Place of Business: **14185 STARKEY ROAD DELRAY BEACH FL 33446**  
 Mailing Address: **14185 STARKEY ROAD DELRAY BEACH FL 33446**

2. Principal Place of Business Suite, Apt. #, etc.:  
 3. Mailing Address Suite, Apt. #, etc.:

City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **80-4175164**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired  **\$5.00** Additional Fee Required



1st MOORE CR2E083 (10/05)

**6. Name and Address of Current Registered Agent**  
**O'BRYANT, PATRICK**  
**14185 STARKEY ROAD**  
**DELRAY BEACH FL 33446**

**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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when terminating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>O'BRYANT, PATRICK</b> <b>14185 STARKEY ROAD</b> <b>DELRAY BEACH FL 33446</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Patrick P. O'Bryant* **PATRICK L. O'BRYANT** 3-4-06 561-271-1236  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #