2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# L06000003966

Entity Name: N223EA, LLC

Current Principal Place of Business:

3320 THOMASVILLE ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3320 THOMASVILLE ROAD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 26-0133729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARRAWAY, F. WILSON III
3320 THOMASVILLE ROAD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	CARRAWAY, F. WILSON III	
Address:	3320 THOMASVILLE ROAD	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	MGRM	( ) Delete
Name:	SMITH, RANKIN M	
Address:	5984 US 19 S	
City-St-Zip:	THOMASVILLE, GA 31757	
Title:	MGRM	( ) Delete
Name:	BOSTON TRACTOR CO. I, NC.	
Address:	P.O. BOX 95	
City-St-Zip:	DIXIE, GA 31629	
Title:	MGRM	( ) Delete
Name:	BEECHWOOD WINGS, LLC,	
Address:	13605 MOCCASIN GAP ROAD	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	MGRM	( ) Delete
Name:	PHIPPS, JEFFREY S	
Address:	500 ORCHARD POND RD	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	MGRM	( ) Delete
Name:	SOUTHWEST GEORGIA OI, L CO. INC.	
Address:	P.O. BOX 1510	
City-St-Zip:	BANBRIDGE, GA 39818	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: F. WILSON CARRAWAY III MGRM 01/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date