

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

FILED
Jun 01, 2007 8:00 am
Secretary of State

05-03-2007 90252 040 ****50.00

DOCUMENT # L06000014659

1. Entity Name
B & H GEORGIA ORCHARD, LLC



Principal Place of Business
**2045 14TH AVENUE
VERO BEACH, FL 32960**

Mailing Address
**P.O. BOX 1266
VERO BEACH, FL 32961**

30009394



2. Principal Place of Business - No P.O. Box #
6125 Atlantic Blvd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04112007 Chg-LLC CR2E083 (12/06)

City & State
Vero Beach, FL
Zip
32966 Country
USA

City & State
Zip Country

4. FEI Number
20-4466094

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSSWAY MOORE & TAYLOR, P.L.C.
5070 NORTH HIGHWAY A1A
200
VERO BEACH, FL 32963**

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 if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BANACK, WILTON R
P.O. BOX 1266
VERO BEACH, FL 32961** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HAZEL, DOUGLAS E
P.O. BOX 1879
WASHINGTON, MO 63090** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

WARRS

4/24/07

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

Date

Daytime Phone #