2007 LIMITED LIABILITY COMPANY A ANNUAL REPORT (AR)

FILED Apr 16, 2007 8:00 am Secretary of State DOCUMENT # L06000026541 04-16-2007 90336 040 ****50.00 SPARKS TRACTOR COMPANY, LLC Mailing Address Principal Place of Business 1085 EAST U. S. HIGHWAY 90 MADISON FL 32340 1085 EAST U.S. HIGHWAY 90 MADISON FL 32340 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FFI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPARKS, SHEILA S Street Address (P.O. Box Number is Not Acceptable) 287 NORTHEAST JAY STREET MADISON FL 32340 City 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, typed or nitrited name of registered rigent and little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITEE TITLE ☐ Addition **MGRM** ☐ Defete ☐ Change NAME NAM SPARKS, SHEILA S STREET ADORESS 287 NORTHEAST JAY STREET STREET ADDRESS CITY-ST-ZIP MADISÓN FL 32340 CITY ST ZIP MGRM ... Delete 11111 Change ■ Addition NAMI SPARKS, CLARENCE T STREET ADDRESS STREET ADDRESS 287 NORTHEAST JAY STREET CITY-SI-ZIP CITY ST 7IP MADISON FL 32340 шц 11111 MARM - - Addition NAME SPARKS, DUSTIN T STREET ADDRESS STREET ADDRESS 287 NORTHEAST JAY STREET CITY-ST-ZIP CHY ST /IP MADISON FL 32340 HHE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY ST 7IP ☐ Defete HILE HILL ☐ Change Addition NAMI NAME STREET ADDRESS STREELADDRESS CITY ST-7IP CITY ST ZIP TITLE HTLE ☐ Addition ☐ Delete Change

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 eath; 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.

NAMI

STREET ADDRESS CITY-S1 7IP

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

NAMI

STREET ADDRESS

CHY SI-7IP