

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000038746

1. Entity Name
BELL CREEK FARMS, LLC



Principal Place of Business
2578 HWY. 182
JAY, FL 32565

Mailing Address
2578 HWY. 182
JAY, FL 32565

DO NOT WRITE IN THIS SPACE

FILED

2008 SEP 23 P 1:50
JULY 2008

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06302008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 01-0873731	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GRISWOLD, ANTHONY L
2578 HWY. 182
JAY, FL 32565

**DO NOT WRITE
IN THIS SPACE**

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 ate if applicable. (NOTE: Registered Agent signature required when re-inating) DATE _____

FILE NOW!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GRISWOLD, ANTHONY L
STREET ADDRESS 2578 HWY. 182
CITY-ST-ZIP JAY, FL 32565

TITLE MGRM
NAME GRISWOLD, MARTIN D
STREET ADDRESS 10113 CHUMUCKLA SPRINGS ROAD
CITY-ST-ZIP JAY, FL 32565

TITLE MGRM
NAME GRISWOLD, MARTIN C
STREET ADDRESS 8621 CHUMUCKLA HIGHWAY
CITY-ST-ZIP PACE, FL 32571

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500136390279
09/26/08--01048-004 **138.75

**DO NOT WRITE
IN THIS SPACE**

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: Anthony L. Griswold

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

7/14/08

850-994-8142

Date

Daytime Phone #