

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90367 001 ****50.00

DOCUMENT # L06000040048 1. Entity Name LANE PACKING, LLC			
Principal Place of Business 2045 14TH AVENUE VERO BEACH, FL 32960 US		Mailing Address 2045 14TH AVENUE VERO BEACH, FL 32960 US	
2. Principal Place of Business - No P.O. Box # 50 LANE RD Suite, Apt. #, etc.		3. Mailing Address PO BOX 716 Suite, Apt. #, etc.	
City & State FORT VALLEY GA Zip 31030 Country USA		City & State FORT VALLEY GA Zip 31030 Country USA	
4. FEI Number 20-4754779		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSSWAY MOORE & TAYLOR, P.L.C. 5070 NORTH HIGHWAY A-1-A SUITE 200 VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name MARK J SANCHEZ Street Address (P.O. Box Number is Not Acceptable) 9862 SW 74TH AVENUE City OCALA FL Zip Code 34476	
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 <small>Signature typed or printed name of registered agent and title if applicable.</small>		MARK J. SANCHEZ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR B & H GEORGIA ORCHARD, LLC 2045 14TH AVENUE VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR B & H GEORGIA ORCHARD LLC 2045 14TH AVENUE VERO BEACH FL 32966 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: **MARK J. SANCHEZ** **FEB. 9, 2007** **478-972-6612**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

60016900



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