



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90356 008 ****50.00

DOCUMENT # L06000047689 1. Entity Name S & S GREENWOOD FARMS, LLC					
Principal Place of Business 1135 ORANGE HILL DR. CHIPLEY, FL 32428			Mailing Address % STEVEN T. WELCH 4399 COMMONS DR E STE 300 DESTIN, FL 32541		
2. Principal Place of Business - No P.O. Box # 1135 Orange Hill Road Suite, Apt. #, etc.		3. Mailing Address 1135 Orange Hill Road Suite, Apt. #, etc.			
City & State Chipley FL		City & State Chipley FL		4. FEI Number 59-1440880	
Zip 32428		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WELCH, STEVEN T 4399 COMMONS DR E STE 300 DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4400 E. Hwy 20 304 Merchants Walk City Niceville FL Zip Code 32578	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 SOLGER, DAVID M 1135 ORANGE HILL DR. CHIPLEY, FL 32428	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOLGER, JUDITH W 1135 ORANGE HILL DR. CHIPLEY, FL 32428	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOLGER, JUDITH W 1135 ORANGE HILL DR. CHIPLEY, FL 32428	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOLGER, JUDITH W 1135 ORANGE HILL DR. CHIPLEY, FL 32428	<input type="checkbox"/> Delete			
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: <i>Judith W. Solger</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				4-19-2007 8506381276 Date Daytime Phone #	