## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 20, 2007 8:00 am Secretary of State 03-01-2007 90191 041 \*\*\*\*50.00

DOCUMENT # L06000054618  1. Entity Name LONESOME PALM FARMS, LLC						03-01-200	07 90191 0	41 **	**50.00
Principal Place of Business Mailing Address 7335 OX BOW CIRCLE 7335 OX BOW CIRCLE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312					<del> </del>		JUUG	UAJ	44
Principal Place of Business - No P.O. Box #     Maiking Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02282007	Chg-LLC	CR2E083	(12/06)	
City & State		City & State		· · · · •	4. FEI Numb	20-464	12146		pplied For
Zip	Country	Country Zip Co		try	Certificate of Status Desired     S.00 Additional     Fee Required     Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DUNBAR, MARC W 215 SOUTH MONROË STREËT, SUITE 200 TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Coo	le
8. The above	named entity submits this statement fo	r the purpose of changing its	register	d office or registe	ered agent, or bo	oth, in the State of Fk	;	iliar with,	and accept
the obligat	ions of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent	and little if sophcable. (NOTI	E. Reguttere	d Agent signstare require	id when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State			•	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME	MGR DUNBAR, MARC W	☐ Delete	TITLE					Change	Addition
STREET ADDRESS	7335 OX BOW CIRCLE			ET ADORESS					
City-St-ZIP	TALLAHASSEE, FL 32312		_	ST-ZIP					
ntle Name		☐ Delele	TITLE	l l				Change	Addition
STREET ADDRESS				ET ADDRESS					Í
TITLE		☐ Delete	CITY	·\$1-21P				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		_ beat	NAME STREET	I			L	oranga	
TITLE NAME STREET ADDRESS		☐ Delate		ET ADORESS				Change	Addition
CITY-ST-ZIP		☐ Delete	till:	-SI-ZIP				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP				•	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
indicated	certify that the information supplied with on this report is true and accurate and billify company or the receiver or trustee.	that my signature shall have	the same	legal allect as if a	made under oatl	n; that I am a manag	rther certify thating member or	тападе	rod the