

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058437

Entity Name: MFM LIMESTONE, LLC

FILED  
Apr 29, 2010  
Secretary of State

**Current Principal Place of Business:**

15249 NORTH HIGHWAY 329  
REDDICK, FL 32686

**New Principal Place of Business:**

**Current Mailing Address:**

15249 NORTH HIGHWAY 329  
REDDICK, FL 32686

**New Mailing Address:**

FEI Number: 20-5055892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEEKIN, JAMES F JR  
251 NORTH EOLA DRIVE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

MALLARD, ELLIOTT  
3300 S.W. 34TH AVENUE  
SUITE 112  
OCALA, FL 34474 US

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.

SIGNATURE: ELLIOTT MALLARD

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BAUM, RICHARD  
Address: 10 KINGZEL LANE  
City-St-Zip: WEST ORANGE, NJ 07052

Title: MGRM  
Name: MALLARD, ELLIOTT  
Address: 15249 NORTH HIGHWAY 329  
City-St-Zip: REDDICK, FL 32686

Title: MGRM  
Name: LEVEY, HUGH  
Address: 122 EAST 42ND STREET 46TH FLOOR  
City-St-Zip: NEW YORK, NY 10168

Title: MGRM  
Name: ALBRECHT, KNUTE  
Address: 950 WEST VALLEY ROAD SUITE 2902  
City-St-Zip: WAYNE, PA 19084

Title: MGR  
Name: DEARDEN, BRIAN  
Address: 3300 S.W. 34TH AVENUE, SUITE 112  
City-St-Zip: OCALA, FL 34474

Title: MGR  
Name: CHAFFIN, ANN  
Address: 3300 S.W. 34TH AVENUE, SUITE 112  
City-St-Zip: OCALA, FL 34474

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ELLIOTT MALLARD

MGRM

04/29/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date