

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077158

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** MCRAE FARMS INVESTMENTS, LLC

**Current Principal Place of Business:**

1820 HIGHWAY 2 EAST  
GRACEVILLE, FL 32440

**New Principal Place of Business:**

**Current Mailing Address:**

1820 HIGHWAY 2 EAST  
GRACEVILLE, FL 32440

**New Mailing Address:**

P.O. BOX 7  
GRACEVILLE, FL 32440

**FEI Number:** 20-5338107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCRAE, C. FINLEY  
1820 HIGHWAY 2 EAST  
GRACEVILLE, FL 32440 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MCRAE, C. FINLEY  
Address: 1820 HIGHWAY 2 EAST  
City-St-Zip: GRACEVILLE, FL 32440

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** C. FINLEY MCRAE

MGR

01/19/2009

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