

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000110460

1. Entity Name
FM NEILL FARMS HOLDING, LLC



Principal Place of Business
1682 WEST HIBISCUS BLVD.
MELBOURNE, FL 32901

Mailing Address
1682 WEST HIBISCUS BLVD.
MELBOURNE, FL 32901



01142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8058940

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

EVANS, HUGH M JR.
1682 WEST HIBISCUS BLVD.
MELBOURNE, FL 32901

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000904804
05/01/08-80027-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FORTE MACAULAY DEVELOPMENT CONS., INC.
STREET ADDRESS	1682 WEST HIBISCUS BLVD
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	MGRM
NAME	FM FLORIDA LAND COMPANY, LLC
STREET ADDRESS	1682 WEST HIBISCUS BLVD
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/14/08

Date

321-953-3300

Daytime Phone #