2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2007
Secretary of State

DOCUMENT# L07000000021

Entity Name: FOXFLOWER, LLC

Current Principal Place of Business:

21 N. MAGNOLIA AVENUE
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

21 N. MAGNOLIA AVENUE
OCALA, FL 34482

New Mailing Address:

FEI Number: 20-8131648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TROW, CHESTER J
21 N. NAGNOLIA AVENUE
OCALA, FL 34475 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: TROW, CHESTER J
Address: 21 N. MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34482

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GIBSON, DEBORAH
Address: 3200 NW 60TH STREET
City-St-Zip: OCALA, FL 34475

Title: MGR ( ) Change (X) Addition
Name: GIBSON, PHILIP W
Address: 3200 NW 60TH STREET
City-St-Zip: OCALA, FL 34475

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: CHESTER J. TROW RA 07/06/2007

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