

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000000760

**FILED**  
**Jan 14, 2012**  
**Secretary of State**

**Entity Name:** CENTER RIDGE FRUIT COMPANY, LLC

**Current Principal Place of Business:**

1531 LAKEVIEW DRIVE  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

1531 LAKEVIEW DRIVE  
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** 20-8152374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROOKER, LELAND III  
1531 LAKEVIEW DRIVE  
SEBRING, FL 33870 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:** MGRM  
**Name:** KOPPEIN, THOMAS  
**Address:** 1531 LAKEVIEW DRIVE  
**City-St-Zip:** SEBRING, FL 33870

**Title:** MGRM  
**Name:** STEPHENS, DAVID  
**Address:** 1531 LAKEVIEW DRIVE  
**City-St-Zip:** SEBRING, FL 33870

**Title:** MGRM  
**Name:** STEPHENS, M.E. IV  
**Address:** 1531 LAKEVIEW DRIVE  
**City-St-Zip:** SEBRING, FL 33870

**Title:** MGRM  
**Name:** B & L CATTLE COMPANY, LLC  
**Address:** 1531 LAKEVIEW DRIVE  
**City-St-Zip:** SEBRING, FL 33870

**Title:** MGRM  
**Name:** STEPHENS, M.E. V  
**Address:** 1531 LAKEVIEW DR  
**City-St-Zip:** SEBRING, FL 33870

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:** LELAND E. BROOKER III

MGMR

01/14/2012

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