

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062174

Entity Name: PICKTHORN FARMS, LLC

FILED  
Mar 29, 2009  
Secretary of State

**Current Principal Place of Business:**

11951 MICCOSUKEE ROD  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

11951 MICCOSUKEE ROAD  
TALLAHASSEE, FL 32309

**New Mailing Address:**

FEI Number: 26-0405142

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WARD, CHARLES M II  
11951 MICCOSUKEE ROAD  
TALLAHASSEE, FL 32309 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: WARD, CHARLES M II  
Address: 11951 MICCOSUKEE RD.  
City-St-Zip: TALLAHASSEE, FL 32309

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

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: CRUCE, JOHN W  
Address: 311 GLEN RIDGE DR  
City-St-Zip: PERRY, FL 32348

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: CHARLES W WARD II

MGR

03/29/2009

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