

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075005

FILED
Jan 06, 2009
Secretary of State

Entity Name: SHADY GROVE FARMS, L.L.C.

Current Principal Place of Business:

2879 MADISON STREET
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1544
MARIANNA, FL 32447

New Mailing Address:

FEI Number: 26-0600648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, RUSSELL S
2879 MADISON STREET
MARIANNA, FL 32446 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 () Delete
Name: GLASS, JERRY A
Address: P.O. BOX 275
City-St-Zip: MARIANNA, FL 32447

Title: MGRM () Delete
Name: ROBERTS, JOHN Y
Address: P.O. BOX 1544
City-St-Zip: MARIANNA, FL 32447

Title: MGRM () Delete
Name: ROBERTS, JOHN E
Address: P.O. BOX 1544
City-St-Zip: MARIANNA, FL 32447

Title: MGRM () Delete
Name: ROBERTS, RUSSELL S
Address: P.O. BOX 1544
City-St-Zip: MARIANNA, FL 32447

ADDITIONS/CHANGES:

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

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

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

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: RUSSELL S. ROBERTS

MGRM

01/06/2009

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