


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90038 038 ***138.75

DOCUMENT # L07000100892			
1. Entity Name JIM POWELL FARMS, LLC			
Principal Place of Business 4026 MARSH ROAD DELAND, FL 32724-9737 US		Mailing Address ASTRID DE PARRY, P.A. 107 EAST CHURCH STREET DELAND, FL 32724-4323 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2323 TOMOKA WOODS PKWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DELEON SPRINGS, FL	
Zip		Zip 32130	
Country		Country VOLUSIA	
4. FEI Number 26-1216845		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ASTRID DE PARRY, P.A. 107 EAST CHURCH STREET DELAND, FL 32424-4323		7. Name and Address of New Registered Agent Name JAMIE L. POWELL Street Address (P.O. Box Number is Not Acceptable) 2323 TOMOKA WOODS PARKWAY City DELEON SPRINGS FL Zip Code 32130	
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 Jamie L. Powell / Jamie S. Powell MGRM DATE 5/3/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, ANDREW J 4026 MARSH ROAD DELAND, FL 327249737 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, JAMIE 2323 TOMOKA WOODS PARKWAY DELEON SPRINGS, FL 32130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Jamie L. Powell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		MGRM - JAMIE L. POWELL Date 5/3/08 Daytime Phone # 386 440 4233	

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