



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

04-18-2008 90157 020 ***138.75

DOCUMENT # L07000110720			
1. Entity Name FORT HILL FARMS, LLC			
Principal Place of Business 2509 TURKEY CREEK ROAD PLANT CITY, FL 33566		Mailing Address 2509 TURKEY CREEK ROAD PLANT CITY, FL 33566	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 26-1709294		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 STINE, DONALD K 2509 TURKEY CREEK ROAD PLANT CITY, FL 33566		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 _____ DATE _____ <small>Signature, typed in printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering.)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Member-Manager
STREET ADDRESS		STREET ADDRESS	Donald K Stine
CITY- ST- ZIP		CITY- ST- ZIP	2509 Turkey Creek Rd Plant City, FL 33566
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Member-Manager
STREET ADDRESS		STREET ADDRESS	Joseph K. Lopez
CITY- ST- ZIP		CITY- ST- ZIP	Po Box 1438 Tampa, FL 33601
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
11. I hereby certify that the information reported 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 606, Florida Statutes.			
SIGNATURE: 		DATE _____	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	