

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L07000115178 1. Entity Name MICANOPY TEXACO LLC	
--	---

Principal Place of Business 17107 S.E. COUNTY ROAD 234 MICANOPY FL 32608	Mailing Address 11103 S.W. 122ND. ST. GAINESVILLE FL 32608
--	--

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 17107 S.E. County Rd 234 Suite, Apt. #, etc.
---	--

City & State Micanopy FL	4. FEL Number 3311 88476
------------------------------------	------------------------------------

Zip 32667	Country	Zip 32667	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
---------------------	---------	---------------------	---------	--

6. Name and Address of Current Registered Agent BERRY, STEVEN W 11103 S.W. 122ND. ST. GAINESVILLE FL 32608
--

7. Name and Address of New Registered Agent Name Steven Berry Street Address (P.O. Box Number is Not Acceptable) 17107 S.W. County Rd 234 City Micanopy FL Zip Code 32667
--

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 Steven W. Berry <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Steven W. Berry <small>(NOTE: Registered Agent signature required when registering)</small>	9/09/08 <small>DATE</small>

FILE NOW!!!! FEE IS \$538.75 Make Check Payable to Florida Department of State Due By September 3, 2008	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75
--	---

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGR	<input type="checkbox"/>
NAME	PAUL, DEBORAH F	<input type="checkbox"/>
STREET ADDRESS	2341 LAKE DEBRA DRIVE	<input type="checkbox"/>
CITY - ST - ZIP	ORLANDO FL 32835	<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY - ST - ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY - ST - ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY - ST - ZIP		<input type="checkbox"/>

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	800136307538	<input type="checkbox"/>
NAME	09/24/08--01035--015 **143.75	<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY - ST - ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY - ST - ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY - ST - ZIP		<input type="checkbox"/>

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: Debbie Paul <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	9/09/08 <small>Date</small>
---	---------------------------------------

FILED
 03 SEP 23 PM 10:20
 SECRETARY OF STATE


03 SEP 23 PM 10:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA