

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075212

FILED
May 01, 2009
Secretary of State

Entity Name: BROOMSAGE QUAIL PLANTATION, LLC

Current Principal Place of Business:

25417 WOOLIE B LANE
CALLAHAN, FL 32011 US

New Principal Place of Business:

Current Mailing Address:

25417 WOOLIE B LANE
CALLAHAN, FL 32011 US

New Mailing Address:

FEI Number: 26-3119882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRIFFIS, GEORGE W
8284 PINE AVENUE
MACCLENNEY, FL 32063 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: GRIFFIS, GEORGE W
Address: 8284 PINE AVENUE
City-St-Zip: MACCLENNEY, FL 32063 US

Title: MGR () Delete
Name: HIGGINBOTHAM, RALPH G
Address: 25417 WOOLIE B LANE
City-St-Zip: CALLAHAN, FL 32011 US

Title: MGR () Delete
Name: GRIFFIS, HAROLD
Address: 8805 MUD LAKE ROAD
City-St-Zip: MACCLENNEY, FL 32063 US

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:

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: GEORGE GRIFFIS

MGRM

05/01/2009

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