

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076854

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: FLOWING WELL TREE FARM., LLC

## Current Principal Place of Business:

480 EMPORIA ROAD  
PIERSON, FL 32180

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1222  
PIERSON, FL 32180

## New Mailing Address:

P.O. BOX 1233  
PIERSON, FL 32180

FEI Number: 26-3365787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARKIN, MARSHALL H  
149 S. RIDGEWOOD AVE.  
SUITE 210  
DAYTONA BEACH, FL 32114 US

## Name and Address of New Registered Agent:

HARPER, BARRY D  
480 EMPORIA ROAD  
PIERSON, FL 32180 US

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: BARRY D HARPER

03/20/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HARPER, BARRY D  
Address: P.O. BOX 1222  
City-St-Zip: PIERSON, FL 32180

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BARRY HARPER ENTERPRISES LLC  
Address: P.O. BOX 1222  
City-St-Zip: PIERSON, FL 32180

Title: MGRM ( ) Change (X) Addition  
Name: KEYS PROPERTY MANAGEMENT LLC  
Address: 87899 OVERSEAS HWY  
City-St-Zip: ISLAMORADA, FL 33036 US

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: BARRY HARPER

MGRM

03/20/2009

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