

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095671

FILED  
May 09, 2009  
Secretary of State

Entity Name: CAMP DAVID FARMS, L.L.C.

## Current Principal Place of Business:

327 ANDREW JACK TR.  
GULF BREEZE, FL 32561

## New Principal Place of Business:

6651 HIGHWAY 393  
CRESTVIEW, FL 32539

## Current Mailing Address:

327 ANDREW JACK TR.  
GULF BREEZE, FL 32561

## New Mailing Address:

FEI Number: 26-4837358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAWSON, DAVID W  
327 ANDREW JACK TR.  
GULF BREEZE, FL 32561 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: MGR ( ) Delete  
Name: RAWSON, DAVID W  
Address: 327 ANDREW JACK TR.  
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR ( ) Delete  
Name: RAWSON, PATRICIA S  
Address: 327 ANDREW JACK TR.  
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM ( ) Delete  
Name: RAWSON, DAVID SCOTT  
Address: 327 ANDREW JACK TR.  
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM ( ) Delete  
Name: RAWSON, KATHERINE S  
Address: 120 MYRTLE STREET  
City-St-Zip: NEPTUNE BEACH, FL 32266

## 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:

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: DAVID W. RAWSON

MGR

05/09/2009

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