

# 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