

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000059293

Entity Name: DRIPPING OAKS LLC

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5118 CR 300A  
LAKE PANASOFFKEE, FL 33538

**New Principal Place of Business:**

**Current Mailing Address:**

5118 CR 300A  
LAKE PANASOFFKEE, FL 33538

**New Mailing Address:**

FEI Number: 27-0426281      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:**

**Name and Address of New Registered Agent:**

NICHOLS, DARYLE C  
5118 CR 300A  
LAKE PANASOFFKEE, FL 33538      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TOWNE, SR., KEVIN B  
Address: PO BOX 1527  
City-St-Zip: SUMMERFIELD, FL 34492

Title: MGRM  
Name: TOWNE, JAMES K  
Address: PO BOX 1304  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: MGRM  
Name: NICHOLS, DARYLE C  
Address: 5118 CR 300A  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: MGRM  
Name: PERSAMPIERI, SUZANNE  
Address: 2626 NW 68TH AVE  
City-St-Zip: GAINESVILLE, FL 32653

I hereby 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: DARYLE NICHOLS

MGR,

05/01/2010

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