## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L95000000042

Entity Name: BOLD SPRINGS FARMS, L.C.

1105 CAPITAL CIRCLE N.W.

TALLAHASSEE, FL

Address:

City-St-Zip:

FILED Jan 07, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 2442 1250 G BLOUNTSTOWN HWY TALLAHASSEE, FL 32316 TALLAHASSEE, FL 32304 **Current Mailing Address: New Mailing Address:** P.O. BOX 2442 TALLAHASSEE, FL 32316 FEI Number: 59-3294844 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILKINSON, BEN H 215 S. MONROE STREET 2ND FLOOR TALLAHASSEE, FL 32301 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CASHIN, KEN Name: Name: 1250 G BLOUNTSTOWN HWY Address: Address: City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WILKINSON, BEN H Name: Name: Address: 215 S. MONROE STREET Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: MGR () Delete Title: () Change () Addition WILKINSON, CATHI C Name: Name: C/O 215 S. MONROE STREET Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: ( ) Delete Title: MGR Title: () Change () Addition Name: SCARBORO, SAM Name: 1105 CAPITAL CIRCLE N.W. Address: Address: City-St-Zip: TALLAHASSEE, FL City-St-Zip: Title: MGR () Delete Title: () Change () Addition SCARBORO, LINDA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: KEN CASHIN MGRM 01/07/2008