

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L98000000358

Entity Name: PINEVILLE FARMS LLC

FILED  
Sep 08, 2003  
Secretary of State

## Current Principal Place of Business:

13661 PERDIDO KEY DR  
#1603  
PERDIDO KEY, FL 32507

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 770  
JAY, FL 32565

## New Mailing Address:

FEI Number: 59-3510528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DAVIS, JERRY H  
13661 PERDIDO KEY DR  
#1603  
PERDIDO KEY, FL 32507 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/MEMBERS:

Title: MGRM ( ) Delete  
Name: DAVIS, JERRY H  
Address: 13661 PERDIDO KEY DR  
City-St-Zip: PERDIDO KEY, FL 32507

Title: MGRM ( ) Delete  
Name: SPEARS, DOYCE M  
Address: 9911 WINDY HILL ROAD  
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM ( ) Delete  
Name: DAVIS, PATTY H  
Address: P.O. BOX 770  
City-St-Zip: JAY, FL 32565

## 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JERRY H. DAVIS

MGRM

09/08/2003

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