

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004265

Entity Name: GLEANER, L.L.C.

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

1609 S.E. THIRD AVENUE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2077  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 65-0931211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DARLEY, ONEIDA L  
P O BOX 2077  
1609 S E 3RD AVENUE  
OCALA, FL 34478 US

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

DARLEY, ONEIDA L  
1609 S E 3RD AVENUE  
OCALA, FL 34478 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:

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBINSON, CLELL SR.  
Address: 2240 S.E. 150TH STREET  
City-St-Zip: SOMMERFIELD, FL 34491

Title: MGRM ( ) Delete  
Name: WILLIAMS, JAMES H  
Address: 1609 S.E. THIRD AVENUE  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES:**

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: JAMES H WILLIAMS

MGRM

04/15/2009

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