


**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000005769	
1. Entity Name COUNTY LINE FARMS, L.L.C.	

Principal Place of Business	Mailing Address
811 E. MAIN LAKELAND, FL 33802	811 E. MAIN LAKELAND, FL 33802

**DO NOT WRITE IN THIS SPACE**

01272004No Chg-LLC		CR2E083 (10/03)			
4. FEI Number 59-3642947		<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For					
Not Applicable					
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required			

6. Name and Address of Current Registered Agent	
E. SNOW MARTIN, JR. 200 LAKE MORTON DRIVE, SUITE 300 LAKELAND, FL 33801	

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARNETT, HOYT R 5815 LIVE OAK ROAD LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, THOMAS P.O. BOX 1722 LAKELAND, FL 33802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone #