


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000005769 1. Entity Name COUNTY LINE FARMS, L.L.C.	
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Principal Place of Business 811 E. MAIN LAKELAND, FL 33802	Mailing Address 811 E. MAIN LAKELAND, FL 33802
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DO NOT WRITE IN THIS SPACE



02172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3642947	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
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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
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04/06/07-80305-023 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Hoyt R. Barnett</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
Date <u>3/26/07</u> <small>Date</small>
Daytime Phone # _____ <small>Daytime Phone #</small>