

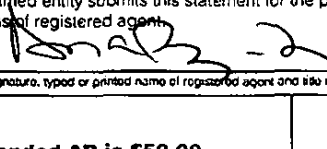
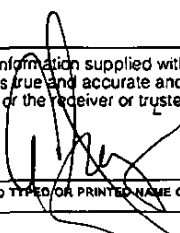


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -8 AM 9:12

DOCUMENT # L00000005907					
1. Entity Name MAYFLOWER FARMS, LLC.					
Principal Place of Business C/O NICOLAS FERNANDEZ, P.A. 780 NW LE JEUNE ROAD MIAMI, FL 33126			Mailing Address C/O NICOLAS FERNANDEZ, P.A. 780 NW LE JEUNE ROAD MIAMI, FL 33126		
2. Principal Place of Business 10 NW Le Jeune Rd <small>Suite, Apt. #, etc.</small> 500		3. Mailing Address 10 NW Le Jeune Rd <small>Suite, Apt. #, etc.</small> 500			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-1010546	
Zip 33126		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ESQUIRE CORPORATE SERVICES, INC. 780 NW LE JEUNE RD SUITE 324 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name ESQUIRE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 10 NW Le Jeune Rd, Suite 500 City Miami FL Zip Code 33126		
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.</small>				DATE 12-04-06	
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOZANO, EDGAR 780 NW LE JEUNE RD., #324 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Carlos Lozano 1500 NW 95 Avenue, 2nd Floor Miami, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARQUIN, GEORGE 780 NW LE JEUNE RD., #324 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Gary Contreras 1500 NW 95 Avenue, 2nd Floor Miami, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600082407686 12/08/06--01062--002 **\$0.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 				DATE 12-04-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	