

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010452

Entity Name: L & H FARM, LLC

FILED
Mar 18, 2006
Secretary of State

Current Principal Place of Business:

2574 N.E. JUNIPER DRIVE
LEE, FL 32059

New Principal Place of Business:

2704 N.E. JUNIPER DRIVE
LEE, FL 32059

Current Mailing Address:

4018 CHURCHILL DRIVE
FAYETTEVILLE, AR 72701

New Mailing Address:

2704 N.E. JUNIPER DRIVE
LEE, FL 32059

FEI Number: 59-3665378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, HOWARD
2574 N.E. JUNIPER DRIVE
LEE, FL 32059 US

Name and Address of New Registered Agent:

LIMA, JOSE L
2704 N.E. JUNIPER DRIVE
LEE, FL 32059 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: JOSE L. LIMA

03/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAMILTON, HOWARD
Address: 4018 CHURCHILL DRIVE
City-St-Zip: FAYETTEVILLE, AR 72701

Title: MGR () Delete
Name: LATTA, MIKE
Address: 502 LAKEVIEW DRIVE
City-St-Zip: SPRINGDALE, AR 72764

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LIMA, JOSE
Address: 2704 N.E. JUNIPER DRIVE
City-St-Zip: LEE, FL 32059

Title: MGR (X) Change () Addition
Name: LIMA, FELICITA
Address: 2704 N.E. JUNIPER DRIVE
City-St-Zip: LEE, FL 32059

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSE L. LIMA

MGR

03/18/2006

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