


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L01000020449</b><br>1. Entity Name<br><b>SELECTA FARMS LLC</b> |  |
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| Principal Place of Business<br><b>2665 S. BAYSHORE DR., STE. 703<br/>MIAMI, FL 33133</b> | Mailing Address<br><b>2665 S. BAYSHORE DR., STE. 703<br/>MIAMI, FL 33133</b> |
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|   |   |
|---|---|
| 2. Principal Place of Business * No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|                             |                             |   |             |  |                |  |
|-----------------------------|-----------------------------|---|-------------|--|----------------|--|
| City & State<br>Zip Country | City & State<br>Zip Country | 4. FEI Number<br><b>02-0550074</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="width: 50px;">Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td></td> </tr> </table> | Applied For |  | Not Applicable |  |
| Applied For                 |                             |   |             |  |                |  |
| Not Applicable              |                             |   |             |  |                |  |

04072008 Chg-LLC CR2E083 (12/06)

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| <b>6. Name and Address of Current Registered Agent</b><br><br><b>WORLD CORPORATE SERVICES, INC.</b><br><b>2665 S. BAYSHORE DR., STE. 703</b><br><b>MIAMI, FL 33133</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b> |  | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|---|--|--|

| 9. MANAGING MEMBERS / MANAGERS |                                |                                 |  | 10. ADDITIONS / CHANGES |  |   |  |
|--------------------------------|--------------------------------|---------------------------------|--|-------------------------|--|---|--|
| TITLE                          | MGR                            | <input type="checkbox"/> Delete |  | TITLE                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                           | MEJIA, JUAN                    |                                 |  | NAME                    |  |   |  |
| STREET ADDRESS                 | 2665 S. BAYSHORE DR., STE. 703 |                                 |  | STREET ADDRESS          |  |   |  |
| CITY-ST-ZIP                    | MIAMI, FL 33133                |                                 |  | CITY-ST-ZIP             |  |   |  |
|                                |                                |                                 |  |                         |  |   |  |
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05/08/08-80059-013 1218.25

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

Timothy D. Richards      4/14/08      (305) 858-9900

**SIGNATURE:** *Timothy D. Richards* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date      Daytime Phone #