

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020923

FILED
Jan 27, 2005
Secretary of State

Entity Name: SANCHEZ FARMS, LLC

Current Principal Place of Business:

RADDIE LORD ROAD
HC 3 BOX 357
OLD TOWN, FL 32680

New Principal Place of Business:

479 NE 446TH STREET
OLD TOWN, FL 32680 US

Current Mailing Address:

RADDIE LORD ROAD
HC 3 BOX 357
OLD TOWN, FL 32680

New Mailing Address:

479 NE 446TH STREET
OLD TOWN, FL 32680

FEI Number: 90-0002987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLBROOK COLD, KATHLEEN
ONE INDEPENDENT DR., STE. 2301
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SANCHEZ, HERMAN JR.
Address: RADDIE LORD ROAD
City-St-Zip: OLD TOWN, FL 32680

Title: MGR () Delete
Name: SANCHEZ, VIRGINIA
Address: RADDIE LORD ROAD
City-St-Zip: OLD TOWN, FL 32680

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SANCHEZ, HERMAN JR.
Address: 479 NE 446TH STREET
City-St-Zip: OLD TOWN, FL 32680

Title: MGR (X) Change () Addition
Name: SANCHEZ, VIRGINIA
Address: 479 NE 446TH STREET
City-St-Zip: OLD TOWN, FL 32680

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VIRGINIA SANCHEZ

MGR

01/27/2005

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