


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90160 025 \*\*\*\*50.00

<b>DOCUMENT # L02000007086</b>	
<b>1. Entity Name</b> CACTUS FARMS, L.L.C.	

<b>Principal Place of Business</b> 222 HABEN BLVD. PALMETTO FL 34221 US	<b>Mailing Address</b> 222 HABEN BLVD PALMETTO FL 34221 US
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<b>2. Principal Place of Business</b> 204 3rd St. West.	<b>3. Mailing Address</b> 204 3rd St. West.
Suite, Apt. #, etc. Apt # 406	Suite, Apt. #, etc. Apt # 406

<b>City &amp; State</b> Bradenton, FL	<b>City &amp; State</b> Bradenton, FL	<b>4. FEI Number</b> 01-0648294	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 34205	<b>Country</b> USA	<b>Zip</b> 34205	<b>Country</b> USA



MOORE CR2E083 (11/03)

<b>6. Name and Address of Current Registered Agent</b> OLSON, ANTHONY E 2198 MAIN STREET SARASOTA FL 34237	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> MGR	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> TORRES, MARIA		<b>NAME</b>	
<b>STREET ADDRESS</b> 222 HABEN BLVD		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> PALMETTO FL 34221		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**11.** I hereby certify that the information supplied with this filing does not qualify 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 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:** Maria Lilliana Torres P. **MARIA LILIANA TORRES P.** 2-7-04 941-746-7134  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #