


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000033859  
 1. Entity Name  
 G & F FARMS, LLC



Principal Place of Business  
 2630 SYDNEY-DOVER ROAD  
 DOVER, FL 33527

Mailing Address  
 POST OFFICE BOX 279  
 DOVER, FL 33527-0279



04122004No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3668152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, STEPHEN L  
 104 NORTH THOMAS STREET  
 PLANT CITY, FL 33563

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMSON, GLENN 2630 SYDNEY-DOVER ROAD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMSON, FRANCES 2630 SYDNEY-DOVER ROAD DOVER, FL 33527
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 05/04/04-80100-007 50.00

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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: Frances Williamson 4/29/04 813659-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #