


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90194 013 \*\*\*\*50.00

DOCUMENT # L04000048646 1. Entity Name ACCORD FARMS, LLC	
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Principal Place of Business 545 N.W. 28TH STREET MIAMI, FL 33127 14920 SW 182 AV MIAMI, FL 33196	Mailing Address 545 N.W. 28TH STREET MIAMI, FL 33127 435 CATALONIA AV. CORAL GABLES, FL 33134
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20022764



03222006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3385812	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CONTRERAS, RAFAEL J 545 N.W. 28TH STREET MIAMI, FL 33127	435 CATALONIA AV. CORAL GABLES, FL 33134

**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: *Rafael Contreras* DATE: 3/26/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CONTRERAS, RAFAEL J 545 N.W. 28TH STREET MIAMI, FL 33127
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IN THIS SPACE**

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.

SIGNATURE: *Rafael Contreras* DATE: 3/26/06 DAYTIME PHONE: 305-576-0926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #