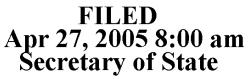
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L04000081324** CHE PLAN



1. Entity Name SHADOW OAK FARM, LLC							04-27-2005 90037 023 ****50.00					
Principal Place of Business 16301 SEMINOLE BLVD. BROOSKVILLE, FL 34601				Mailing Address 16301 SEMINOLE BLVD. BROOSKVILLE, FL 34601			14002228					
2. Principal Place of Business same as above			3. Mailing Address Same as a	3. Mailing Address same as above								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			0418200	5 Chg-LLC	;	CR2E	083 (10/03)	
City & State			City & State	City & State			FEI Ny	0-26067	52		-	pplied For ot Applicable
Zip			Zip	Country				ate of Status Des			\$5.00 Ad Fee Require	
	6. Name	and Address of Cur	rent Registered Agent				7. Name a	and Address of N	New Reg	jistered	Agent	
LEO, GINNY D 16301 SEMINOLE BLVD. BROOSKVILLE, FL 34601			NAME IS		Name DILEO, GINNY Street Address (P.O. Box Number is Not Acceptable)							
			INCORRECT	•			*****					
					City					FL	_	
8. The above the obligat	named entity ions of regist	y submits this stateme ered agent.	ent for the purpose of changing i	ts register	ed office or	registered	agent, or	both, in the State	of Florid	da. Iam	ı familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered	agent and title if applicable. (No	OTE: Registere	d Agent signati	ura required whe	en reinstating))		DATE		
Filing Fee is \$50.00 Due by May 1, 2005							Make check payable to Florida Department of State					
9.								ADDITI			-	
		MANAGING ME	MBERS/MANAGERS	10.					ONS/CE	HANGE		
TITLE NAME STREET ADDRESS CITY-ST-7IP		NY D MINOLE BLVD.	MBERS/MANAGERS		E Et address	DILE	0, G	INNY	IONS/CF	HANGE	□ Change	Addition
NAME	LEO, GIN 16301 SE	NY D		TITLI NAM STRE CITY TITLI NAM STRE	E ET ADDRESS -ST-ZIP	DILE	0, G		ONS/CF	HANGE		Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LEO, GIN 16301 SE	NY D MINOLE BLVD.	☐ Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	DILE	o, G		ONS/CF	HANGE	☑ Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LEO, GIN 16301 SE	NY D MINOLE BLVD.	☐ Delete ☐ Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE STRE	E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	DILE	o, G		ONS/CF	HANGE	☑ Change	☐ Addition
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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: Livry Wi Leo Cinny Di Leo 4-11-05 (352) 544-279 9
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayling Priore #

ATTACHMENT

1400081324

My name is specked (centered) incorrectly. The correct name is GINNY DILEO.

Pt is not a charge in agents - only a correction of the last name.

Trank you.

Dinny Wixes