2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000094549

1. Entity Name
NORTH STAR FARM, LLC

Principal Place of Business	Mailing Address
2433 COUNTY ROAD 673 BUSHNELL, FL 33513 US	2433 COUNTY ROAD 673 BUSHNELL, FL 33513 US

07062007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3947070
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WEBER, DIANE L MGRM
2433 COUNTY ROAD 673
BUSHNELL, FL 33513

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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 _____ DATE
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 September 14, 2007

U00000767750
07/10/07-80015-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEBER, DIANE L MANAGER
STREET ADDRESS	2433 COUNTY ROAD 673
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	MGRM
NAME	REDOS, AARON D MEMBER
STREET ADDRESS	2433 COUNTY ROAD 673
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: D. L. W 7/6/07 914-494-9108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #