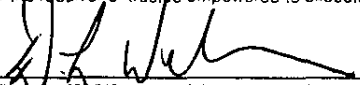


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000094549 1. Entity Name NORTH STAR FARM, LLC					
Principal Place of Business 2433 COUNTY ROAD 673 BUSHNELL, FL 33513 US			Mailing Address 2433 COUNTY ROAD 673 BUSHNELL, FL 33513 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3947070	
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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WEBER, DIANE L MANAGER 2433 COUNTY ROAD 673 BUSHNELL, FL 33513	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM REDOS, AARON D MEMBER 2433 COUNTY ROAD 673 BUSHNELL, FL 33513	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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: 			Date 4/24/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #					