2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2004
Secretary of State

DOCUMENT# L95000000928

Entity Name: ROSEVILLE FARMS, L.C.

Current Principal Place of Business:

3251 PONKAN PINE ROAD
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

3251 PONKAN PINE ROAD
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-3348116 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELSBERRY, MICHAEL
215 N. EOLA DR.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: DFR ASSOCIATES, INC.,
Address: 620 ESTATES PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete
Name: RAAB, KIM E
Address: 620 ESTATES PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete
Name: YOUNG, ANDREW S
Address: 7509 SADLER RD.
City-St-Zip: MT. DORA, FL 32757

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID RAAB PRES 01/14/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date