2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000928

Entity Name: ROSEVILLE FARMS, L.C.

FILED Jan 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3251 PONKAN PINE ROAD APOPKA, FL 32712

Current Mailing Address: New Mailing Address:

3251 PONKAN PINE ROAD APOPKA, FL 32712

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

US

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/MANAGERS:

ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition DFR ASSOCIATES, INC., DFR ASSOCIATES, INC. Name: Name: Address: 620 ESTATES PLACE Address: 3251 PONKAN PINES RD City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: APOPKA, FL 32712

Title: MGRM (X) Delete Title: () Change () Addition

Name: RAAB, KIM E Name: Address: 620 ESTATES PLACE Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

YOUNG, ANDREW S Name: Name: Address: 7509 SADLER RD. Address: City-St-Zip: MT. DORA, FL 32757 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 F. RAAB **MGRM** 01/11/2006