2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000002775

1. *Entity Name*
HEADS UP FARMS, L.L.C.

FILED
Aug 12, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
C/O MS. CONSTANCE R. TABB 735 BEARD STREET TALLAHASSEE, FL 32303	C/O MS. CONSTANCE R. TABB 735 BEARD STREET TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

08032004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3579438
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TABB, CONSTANCE R
735 BEARD STREET
TALLAHASSEE, FL 32303

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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 8, 2004

000000168304
08/12/04-80003-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TABB, CONSTANCE R
STREET ADDRESS	735 BEARD STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	MGRM
NAME	TABB, SAMANTHA
STREET ADDRESS	735 BEARD STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32303
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	

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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: Constance R Tabb Constance R Tabb 8/6/04 8506819004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #