

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002775

Entity Name: HEADS UP FARMS, L.L.C.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

C/O MS. CONSTANCE R. TABB
735 BEARD STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

C/O MS. CONSTANCE R. TABB
735 BEARD STREET
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3579438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TABB, CONSTANCE R
735 BEARD STREET
TALLAHASSEE, FL 32303 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/MANAGERS:

Title: MGRM () Delete
Name: TABB, CONSTANCE R
Address: 735 BEARD STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: TABB, SAMANTHA
Address: 735 BEARD STREET
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES:

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 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: CONSTANCE R TABB

MGR

04/27/2006

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