## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005267

Entity Name: CLEAR SPRINGS FARMING, LLC

FILED Mar 24, 2008 Secretary of State

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

690 E. DAVIDSON ST.

BARTOW, FL 33830

690 E. DAVIDSON ST.

BARTOW, FL 33830 US

Current Mailing Address: New Mailing Address:

690 E. DAVIDSON ST.

BARTOW, FL 33830

690 E. DAVIDSON ST.

BARTOW, FL 33830 US

FEI Number: 16-1730270 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:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

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

Name:CLEAR SPRINGS ENTERP, RISES LLCName:PHELPS, STANFORD NAddress:690 E. DAVIDSON ST.Address:8 SOUND SHORE DR., SUITE 285

City-St-Zip: BARTOW, FL 33830 City-St-Zip: GREENWICH, CT 06830 US

Title: ( ) Delete Title: MGRM ( ) Change (X) Addition
Name: NVESTORS LIFE INSURA, NCE CORPORATIO N
Address: Address: TOWN CENTER MALL, PROVIDENCIALES
City-St-Zip: TURKS AND CAICOS ISLANDS, TC TC

I hereby certify that the information supplied with this filing does not qualify 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: STANFORD N. PHELPS MGR 03/24/2008