

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000639

Entity Name: NEO TOMOKA FARMS LLC

FILED
Feb 25, 2008
Secretary of State

Current Principal Place of Business:

3005 DOUGLAS BLVD SUITE 105
ROSEVILLE, CA 95661 US

New Principal Place of Business:

Current Mailing Address:

3005 DOUGLAS BLVD SUITE 105
ROSEVILLE, CA 95661 US

New Mailing Address:

FEI Number: 41-1839474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: ASCHEHOUG, TROND MR
Address: 3005 DOUGLAS BLVD STE 105
City-St-Zip: ROSEVILLE, CA 95661

Title: MGR () Delete
Name: SORIANO, PETER MR
Address: 3005 DOUGLAS BLVD STE 105
City-St-Zip: ROSEVILLE, CA 95661

Title: MGR () Delete
Name: CHIARELLA, THOMAS J MR
Address: 3005 DOUGLAS BLVD., SUITE 105
City-St-Zip: ROSEVILLE, CA 95661

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 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: THOMAS CHIARELLA

MGR

02/25/2008

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