


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L01000020449	
1. Entity Name SELECTA FARMS LLC	

Principal Place of Business 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133	Mailing Address 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133
--	--

**DO NOT WRITE IN THIS SPACE**

**FILED**

2004 MAY -6 P 3:58

SECRETARY OF STATE



04272004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0550074	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  WORLD CORPORATE SERVICES, INC. 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133
--

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

500036521825  
05/17/04--01074--001 \*\*241:25

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEJIA, JUAN 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEJIA, ELENA 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133
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	

**DO NOT WRITE  
IN THIS SPACE**

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.

Timothy D. Richards

**SIGNATURE:** *Timothy D. Richards* 4/22/04 (305) 858-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #