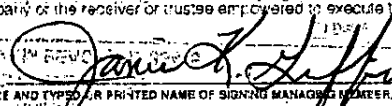


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90232 050 ****50.00

DOCUMENT # L03000051573					
1. Entity Name HAY STRING FARM, LLC					
Principal Place of Business 335-53RD DRIVE NORTH NO. 6 WEST PALM BEACH, FL 33415 US			Mailing Address 335-53RD DRIVE NORTH NO. 6 WEST PALM BEACH, FL 33415 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FSI Number 20-0472617			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
5. Name and Address of Current Registered Agent GATTOZZI, KAREN B 1109 SOUTH CONGRESS AVENUE BLDG. 500 WEST PALM BEACH, FL 33406			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 the filer acceptable. (NOTE: Registered Agent signature required when changing.) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRIFFIN, ROY D		NAME		
STREET ADDRESS	335-53RD DRIVE NORTH		STREET ADDRESS		
CITY-STATE-ZIP	WEST PALM BEACH, FL 33415		CITY-STATE-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRIFFIN, JANIS K		NAME		
STREET ADDRESS	335-53RD DRIVE NORTH		STREET ADDRESS		
CITY-STATE-ZIP	WEST PALM BEACH, FL 33415		CITY-STATE-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MACDONALD, STEVEN A		NAME		
STREET ADDRESS	335-53RD DRIVE NORTH		STREET ADDRESS		
CITY-STATE-ZIP	WEST PALM BEACH, FL 33415		CITY-STATE-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MACDONALD, DONNA L		NAME		
STREET ADDRESS	335-53RD DRIVE NORTH		STREET ADDRESS		
CITY-STATE-ZIP	WEST PALM BEACH, FL 33415		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information was 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: 			7/13/04 56-683-1116		
NAME: _____			DATE: _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE		
NAME: _____			DATE: _____		
NAME: _____			DATE: _____		
NAME: _____			DATE: _____		