


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 02, 2006 08:00 AM**  
**Secretary of State**

|  |                                |                                       |  |   |                              |
|--|--------------------------------|---------------------------------------|--|---|------------------------------|
| <b>DOCUMENT # L01000020449</b>   |                                |                                       |  |  |                              |
| 1. Entity Name<br><b>SELECTA FARMS LLC</b>   |                                |                                       |  |   |                              |
| Principal Place of Business<br><b>2665 S. BAYSHORE DR., STE. 703<br/>MIAMI, FL 33133</b>   |                                |                                       | Mailing Address<br><b>2665 S. BAYSHORE DR., STE. 703<br/>MIAMI, FL 33133</b> |   |                              |
| 2. Principal Place of Business   |                                | 3. Mailing Address                    |  |   |                              |
| Suite, Apt. #, etc.  |                                | Suite, Apt. #, etc.                   |  |   |                              |
| City & State   |                                | City & State                          |  | 4. FEI Number<br><b>02-0550074</b>  |                              |
| Zip  |                                | Country                               |  | Applied For<br><input type="checkbox"/> Not Applicable                            |                              |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                | <b>\$5.00</b> Additional Fee Required |  |   |                              |
| 6. Name and Address of Current Registered Agent  |                                |                                       | 7. Name and Address of New Registered Agent                                  |   |                              |
| <b>WORLD CORPORATE SERVICES, INC.<br/>2665 S. BAYSHORE DR., STE. 703<br/>MIAMI, FL 33133</b>   |                                |                                       | Name   |   |                              |
|  |                                |                                       | Street Address (P.O. Box Number is Not Acceptable)                           |   |                              |
|  |                                |                                       | City   |   |                              |
|  |                                |                                       | <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                                |                                       |  |   |                              |
| <b>Filing Fee is \$50.00<br/>Due by September 6, 2006</b>  |                                |                                       | <b>Make check payable to<br/>Florida Department of State</b>                 |   |                              |
| 9. MANAGING MEMBERS/MANAGERS   |                                |                                       | 10. ADDITIONS/CHANGES  |   |                              |
| TITLE  | MGR                            | <input type="checkbox"/> Delete       | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                              |
| NAME   | MEJIA, JUAN                    |                                       | NAME   | <b>100000566553</b>   |                              |
| STREET ADDRESS   | 2665 S. BAYSHORE DR., STE. 703 |                                       | STREET ADDRESS   | <b>06/02/06-80002-003 750.00</b>  |                              |
| CITY-ST-ZIP  | MIAMI, FL 33133                |                                       | CITY-ST-ZIP  |   |                              |
| TITLE  | MGR                            | <input type="checkbox"/> Delete       | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                              |
| NAME   | MEJIA, ELENA                   |                                       | NAME   |   |                              |
| STREET ADDRESS   | 2665 S. BAYSHORE DR., STE. 703 |                                       | STREET ADDRESS   |   |                              |
| CITY-ST-ZIP  | MIAMI, FL 33133                |                                       | CITY-ST-ZIP  |   |                              |
| TITLE  |                                | <input type="checkbox"/> Delete       | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                              |
| NAME   |                                |                                       | NAME   |   |                              |
| STREET ADDRESS   |                                |                                       | STREET ADDRESS   |   |                              |
| CITY-ST-ZIP  |                                |                                       | CITY-ST-ZIP  |   |                              |
| TITLE  |                                | <input type="checkbox"/> Delete       | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                              |
| NAME   |                                |                                       | NAME   |   |                              |
| STREET ADDRESS   |                                |                                       | STREET ADDRESS   |   |                              |
| CITY-ST-ZIP  |                                |                                       | CITY-ST-ZIP  |   |                              |
| TITLE  |                                | <input type="checkbox"/> Delete       | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                              |
| NAME   |                                |                                       | NAME   |   |                              |
| STREET ADDRESS   |                                |                                       | STREET ADDRESS   |   |                              |
| CITY-ST-ZIP  |                                |                                       | CITY-ST-ZIP  |   |                              |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |                                |                                       |  |   |                              |
| <b>Signature: Timothy D. Richards</b>  |                                |                                       | <b>Date: 5/9/06</b>  |   | <b>Phone: (305) 858-9900</b> |
| <b>SIGNATURE</b> _____   |                                |                                       | <b>DATE</b> _____  |   |                              |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                |                                       |  |   |                              |