


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000020449</b>					
1. Entity Name <b>SELECTA FARMS LLC</b>					
Principal Place of Business <b>2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133</b>			Mailing Address <b>2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133</b>		
2. Principal Place of Business * No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04072008 Chg-LLC CR2E083 (12/06)	
Zip	Country	Zip	Country	4. FEI Number <b>02-0550074</b>	Applied For Not Applicable
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WORLD CORPORATE SERVICES, INC. 2665 S. BAYSHORE DR., STE. 703 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEJIA, JUAN 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEJIA, ELENA 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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					
SIGNATURE: <i>Timothy D. Richards</i>			Date: <b>4/14/08</b>		Daytime Phone #: <b>(305) 858-9900</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

