

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000118953

**Entity Name:** LA VICTORIA FARM LLC**Current Principal Place of Business:**12180 SOUTH SHORE BLVD.  
SUITE 101A  
WELLINGTON, FL 33414**Current Mailing Address:**12180 SOUTH SHORE BLVD.  
SUITE 101A  
WELLINGTON, FL 33414 US**FEI Number:** 45-4245170**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEDGE ASSOCIATES LLC  
12180 SOUTH SHORE BLVD.  
SUITE 101A  
WELLINGTON, FL 33414 US*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**Authorized Person(s) Detail :**

Title MGRM  
Name MAURICE C. PERKINS III REVOCABLE TRUST  
Address 11124 ISLE BROOK COURT  
City-State-Zip: WELLINGOTN FL 33414

Title MGRM  
Name DEBORAH W. PERKINS REVOCABLE TRUST  
Address 11124 ISLE BROOK COURT  
City-State-Zip: WELLINGTON FL 33414

Title MGR  
Name WEDGE, WILLIAM J. ESQ.  
Address 12180 SOUTH SHORE BLVD.  
SUITE 101A  
City-State-Zip: WELLINGTON FL 33414

Title MGR  
Name PERKINS, MAURICE CIII  
Address 11124 ISLE BROOK COURT  
City-State-Zip: WELLINGTON FL 33414

Title MGRM  
Name PERKINS FAMILY TRUST U/A  
11/20/2012  
Address C/O DAVID L DUFORT, DISERIO  
MARTIN O'CONNO  
City-State-Zip: STAMFORD CT 06901

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM J WEDGE**MANAGER****04/16/2013**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date