


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90078 050 ****50.00

DOCUMENT # L00000002859			
1. Entity Name FINDLAY FARMS, L.L.C.			
Principal Place of Business 50 LIGHTHOUSE POINT DRIVE LONGBOAT KEY FL 34228		Mailing Address 50 LIGHTHOUSE POINT DRIVE LONGBOAT KEY FL 34228	
2. Principal Place of Business 5201 NW 144th Place		3. Mailing Address 244 Shopping Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 175	
City & State Reddick Fla.		City & State Sarasota Fla	
Zip 32686	Country USA	Zip 34237	Country USA
6. Name and Address of Current Registered Agent CARR, ANGEL KATHRYN 240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR SARASOTA FL 34236		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINDLAY, J. CARY 50 LIGHTHOUSE POINT DRIVE LONGBOAT KEY FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 244 Shopping Ave #175 SARASOTA, FLA. 34237-7125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:

J. Findlay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/31/05 320.8819