


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90349 050 \*\*\*\*50.00

**DOCUMENT # L00000006207**

1. Entity Name  
**SWISS HAVEN DAIRY LIMITED LIABILITY COMPANY**



Principal Place of Business  
 25700 COUNTY ROAD 42  
 PAISLEY, FL 32767

Mailing Address  
 P.O. BOX 700  
 PAISLEY, FL 32767

40098131



2. Principal Place of Business - No P.O. Box #  
**540 NE Hwy 255**

3. Mailing Address  
**PO Box 67**

Suite, Apt. #, etc.

04192007 Chg-LLC CR2E083 (12/06)

City & State  
**Lake FL**

City & State  
**Lake FL**

4. FEI Number  
**59-3648029**

Applied For  
 Not Applicable

Zip  
**32059**

Country  
**Madison**

Zip  
**32059**

Country  
**Madison**

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WATTS, GREGORY N**  
**25700 COUNTY ROAD 42**  
**PAISLEY, FL 32767**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**540 NE Hwy 255**

City **Lake FL** Zip Code **32059**

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 \_\_\_\_\_

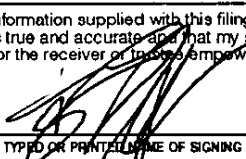
**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-7IP	MGR WATTS, GREGORY N P.O. BOX 700 PAISLEY, FL 32767 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-7IP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-7IP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-7IP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-7IP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-7IP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-7IP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO Box 67</b> <b>Lake FL 32059</b>
TITLE NAME STREET ADDRESS CITY-ST-7IP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **4.30.2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #