2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009583

FILED Apr 05, 2004 Secretary of State

Entity Name: PHILMAN'S FARMS LIMITED LIABILITY COMPANY

Current Principal Place of Business: New Principal Place of Business: 3470 N.W 57TH TRAIL BELL, FL 32619 **Current Mailing Address: New Mailing Address:** 3470 N.W 57TH TRAIL BELL, FL 32619 FEI Number: 59-3665496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PHILMAN, LINDA 3340 NW 57TH TRAIL BELL, FL 32619 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 **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM () Change () Addition () Delete PHILMAN, KEITH Name: Name: Address: 3340 NW 57TH TRAIL Address: City-St-Zip: BELL, FL 32619 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PHILMAN, LINDA Name: Address: 3340 NW 57TH TRAIL Address: City-St-Zip: BELL, FL 32619 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PHILMAN, I.J. Name: Name: Address: 3090 NW 57TH TRAIL Address: City-St-Zip: BELL, FL 32619 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PHILMAN, EARLINE Name: 3090 NW 57TH TRAIL Address: Address: City-St-Zip: BELL, FL 32619 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: LINDA F. PHIMAN MGRM 04/05/2004