

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009583

FILED
Apr 26, 2007
Secretary of State

Entity Name: PHILMAN'S FARMS LIMITED LIABILITY COMPANY

Current Principal Place of Business:

3470 N.W 57TH TRAIL
BELL, FL 32619

New Principal Place of Business:

Current Mailing Address:

3470 N.W 57TH TRAIL
BELL, FL 32619

New Mailing Address:

FEI Number: 59-3665496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILMAN, LINDA
3340 NW 57TH TRAIL
BELL, FL 32619 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGRM () Delete
Name: PHILMAN, KEITH
Address: 3340 NW 57TH TRAIL
City-St-Zip: BELL, FL 32619

Title: MGRM () Delete
Name: PHILMAN, LINDA
Address: 3340 NW 57TH TRAIL
City-St-Zip: BELL, FL 32619

Title: MGRM () Delete
Name: PHILMAN, I.J.
Address: 3090 NW 57TH TRAIL
City-St-Zip: BELL, FL 32619

Title: MGRM () Delete
Name: PHILMAN, EARLINE
Address: 3090 NW 57TH TRAIL
City-St-Zip: BELL, FL 32619

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 PHILMAN

MGRM

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date