


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Apr 25, 2005 08:00 A  
Secretary of State**

DOCUMENT # L00000010882  
1. Entity Name  
MARGARITAVILLE FARM, LLC



Principal Place of Business: 355 ALHAMBRA CIRCLE, STE. 900, CORAL GABLES, FL 33134  
Mailing Address: 355 ALHAMBRA CIRCLE, STE. 900, CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**



04192005No Chg-LLC GR2E083 (10/03)

4. FEI Number: NOT APPLICABLE  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
COBB, KOLLEEN O  
355 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MARGARITAVILLE FARMS LLP
STREET ADDRESS	355 ALHAMBRA CIRCLE, STE. 900
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	

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L000000330117  
04/25/05-80147-012 50.00

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: *Kolleen O Cobb* Date: 4/21/05 Daytime Phone #: 305-520-2344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE