


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000010882 1. Entity Name MARGARITAVILLE FARM, LLC	
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Principal Place of Business 355 ALHAMBRA CIRCLE, STE. 900 CORAL GABLES, FL 33134	Mailing Address 355 ALHAMBRA CIRCLE, STE. 900 CORAL GABLES, FL 33134
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04122006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____

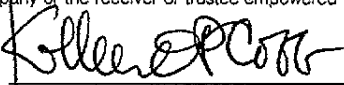
Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARGARITAVILLE FARMS LLP 355 ALHAMBRA CIRCLE, STE. 900 CORAL GABLES, FL 33134
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05/09/06-80032-016 50.00

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:  **Kolleen O.P. Cobb**
Vice President

4/26/06 305-520-2300

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