


**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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DO NOT WRITE IN THIS SPACE



04122006No Chg-LLC CR2E083 (11/05)

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
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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.

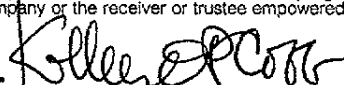
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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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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 #