2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000013566

FULL BLOOM FARMS, LLC

FILED Mar 15, 2004 08:00 AM **Secretary of State**

Principal Place of Business

150 ARVIDA PARKWAY CORAL GABLES, FL 33156 Mailing Address

150 ARVIDA PARKWAY CORAL GABLES, FL 33156



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CR2E083 (10/03) 03112004No Chg-LLC Applied For 4, FEI Number 65-1110335 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

LOVELL, WARREN 150 ARVIDA PARKWAY CORAL GABLES, FL 33156

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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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

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9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVELL, WARREN 150 ARVIDA PARKWAY CORAL GABLES, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVELL, JEFFREY 150 ARVIDA PARKWAY CORAL GABLES, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YANES, ENRIQUE\ 150 ARVIDA PARKWAY CORAL GABLES, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE