2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000013566

1. Entity Name
FULL BLOOM FARMS, LLC

Principal Place of Business	Mailing Address
150 ARVIDA PARKWAY CORAL GABLES, FL 33156	150 ARVIDA PARKWAY CORAL GABLES, FL 33156

DO NOT WRITE IN THIS SPACE

02072005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-1110335	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional 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)   DATE 4/21/05

Filing Fee is $50.00
Due by May 1, 2005

U00000325887
04/23/05—80034-022 150.00

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

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/05   305 617-7958

Date   Daytime Phone #