

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013566

Entity Name: FULL BLOOM FARMS, LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

150 ARVIDA PARKWAY
CORAL GABLES, FL 33156

New Principal Place of Business:

Current Mailing Address:

150 ARVIDA PARKWAY
CORAL GABLES, FL 33156

New Mailing Address:

FEI Number: 65-1110335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVELL, WARREN
150 ARVIDA PARKWAY
CORAL GABLES, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOVELL, WARREN
Address: 150 ARVIDA PARKWAY
City-St-Zip: CORAL GABLES, FL 33156

Title: MGRM () Delete
Name: LOVELL, JEFFREY
Address: 150 ARVIDA PARKWAY
City-St-Zip: CORAL GABLES, FL 33156

Title: MGRM () Delete
Name: YANES, ENRIQUE
Address: 150 ARVIDA PARKWAY
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WARREN W. LOVELL

MGMR

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date