2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L00000014155

1. Entity Name FLORIDA FARM, LLC



Feb 05, 2004 8:00 am Secretary of State

FILED

Principal Place of Business

150 CAPE FLORIDA DR KEY BISCAYNE, FL 33149 Mailing Address

150 CAPE FLORIDA DR KEY BISCAYNE, FL 33149



01212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65 1057 334

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS 103 N MERIDIAN ST LOWER LEVEL TALLAHASSEE, FL 32301

SIGNATURE:

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Date

<u>5757-PFF.206</u>

Daytime Phone #

 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. 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
Filing Fee is \$50.00 Due by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOBOA, LUIS A 150 CAPE FLORIDA DRIVE KEY BISCAYNE, FL 33149		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		
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NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 of 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.			