

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001134

Entity Name: N B W FARMS, LLC

FILED
Aug 28, 2005
Secretary of State

Current Principal Place of Business:

5403 OAKHURST DR NORTH
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

5403 OAKHURST DR NORTH
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 59-3736356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WARNER, NITA BOB
5403 OAKHURST DR NORTH
SEMINOLE, FL 33772 US

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: MGR () Delete
Name: WARNER, NITA BOB
Address: 5403 OAKHURST DR NORTH
City-St-Zip: SEMINOLE, FL 33772

Title: ST () Delete
Name: VOSHARDT, ROBYN
Address: 100 7TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: ROBYN VOSHARDT

ST

08/28/2005

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