


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90051 010 \*\*\*\*50.00

<b>DOCUMENT # L01000001134</b>					
<b>1. Entity Name</b> N B W FARMS, LLC					
<b>Principal Place of Business</b> 5403 OAKHURST DR NORTH SEMINOLE, FL 33772			<b>Mailing Address</b> 5403 OAKHURST DR NORTH SEMINOLE, FL 33772		
<b>2. Principal Place of Business</b> 13662 - 87th Avenue North		<b>3. Mailing Address</b> 13662 - 87th Avenue North			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Seminole, Florida		<b>City &amp; State</b> Seminole, Florida		<b>4. FEI Number</b> 59-3736356	
<b>Zip</b> 33776		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WARNER, NITA BOB 5403 OAKHURST DR NORTH SEMINOLE, FL 33772			<b>7. Name and Address of New Registered Agent</b> Name: <u>Sylvia D. Morgan</u> Street Address (P.O. Box Number is Not Acceptable): <u>13662 - 87th Avenue North</u> City: <u>Seminole,</u> <u>FL</u> <u>33776</u>		
<b>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.</b>					
SIGNATURE <u>Sylvia D Morgan PA</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Sylvia D Morgan</u> <small>(NOTE: Registered Agent signature required when changing)</small>		<u>1-10-06</u> <small>DATE</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR WARNER, NITA BOB 5403 OAKHURST DR NORTH SEMINOLE, FL 33772	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	ST VOSHARDT, ROBYN 100 7TH STREET-SOUTH SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR Warner, Nita Bob 13662 - 87th Avenue North Seminole, FL 33776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>1-16-06</u> <u>(727) 392-4620</u> <small>Date Daytime Phone #</small>			