


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000001134</b> 1. Entity Name N B W FARMS, LLC	
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Principal Place of Business 10801 JOHNSON BLVD SEMINOLE, FL 33772	Mailing Address 10801 JOHNSON BLVD SEMINOLE, FL 33772
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03072008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3736356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

WARNER, NITA BOB LT.COL.  
10801 JOHNSON BLVD  
SEMINOLE, FL 33772

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARNER, NITA BOB 13662-87TH AVE N. SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLINE, SARAH 10 RIVAGE NEWPORT BEACH, CA 92659
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLINE, JACK 10 RIVAGE NEWPORT BEACH, CA 92659
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U00000868217  
04/08/08-80102-015 138.75

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** *x Nita Bob Warner* **3-8-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #