


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000002114

1. Entity Name
THE FARM, LLC



Principal Place of Business
1809 MICCOSUKEE COMMONS DR #112 TALLAHASSEE, FL 32308

Mailing Address
PO BOX 14019 TALLAHASSEE, FL 32317-4019

DO NOT WRITE IN THIS SPACE



01102006No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3711119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NOBLIN, MILLARD J
 1809 MICCOSUKEE COMMONS DR., #112
 TALLAHASSEE, FL 32308**

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 _____

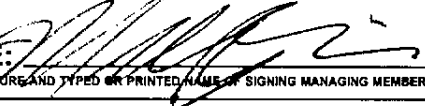
Filing Fee is \$50.00 Due by May 1, 2006

11000014/01/03
 02/15/06 800154 015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR NOBLIN, MILLARD J 1809 MICCOSUKEE COMMONS DR, #112 TALLAHASSEE, FL 32308
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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:  **Millard J. Noblin** (850)877-5841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date 2/1/2006 Daytime Phone # _____