


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 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**



04102008No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3711119	Applied For Not Applicable
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5. Certificate of Status Desired  **\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NOBLIN, MILLARD J 1809 MICCOSUKEE COMMONS DR, #112 TALLAHASSEE, FL 32308
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 04/25/08-80071-013 138.75

**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:  APRIL 10, 2008 (850)877-5841  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #