2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT** -

SIGNATURE:

FILED Mar 29, 2005 08:00 AM DOCUMENT # L01000006407 **Secretary of State** 1. Entity Name WINGATE FARM LLC Principal Place of Business_ Mailing Address 50 SE FIRST AVE 50 SE FIRST AVE OCALA, FL 34471 OCALA, FL 34471 03252005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3714874 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEINER, IRWIN J DO NOT WRITE 50 SE FIRST AVE OCALA, FL 34471 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00. Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE WEINER, FRANCE NAME STREET ADDRESS 7363 SE 12TH CIR OCALA, FL 34480 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 11. I hereby certify that the information supplied with this indicated on this report is true and accurate and that limited liability company or the receiver or trustegen. filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the state of the same legal effect as if made under oath; that I am a managing member or manager of the speed to exacute this report as required by Chapter 608, Florida Statutes.

D OR PRINTED NAME OF ALGURIAL MANAGING NEMBER, OR AUTHORIZED REPRESENTATIVE