Aug. 3. 2006 3:34PM

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-04-2006 90030 011 ****50.00
L01000021977

DOCUMENT # L01000021977

1. Entity Name
GLADES FARMS LLC

Principal Place of Business	Mailing Address
P.O. BOX 70 CLEWISTON, FL 33440	P.O. BOX 70 CLEWISTON, FL 33440

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2006 AUG -4 PM 12:11

04132006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, ANTONIO R ESQUIRE
417 WEST SUGARLAND HWY.
CLEWISTON, FL 33440

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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)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	MICKLER, ALVA J JR.
STREET ADDRESS	1834 DAVIDSON RD
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: ✓ _____ 4/18/06 863 983 2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #