

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90204 027 \*\*\*\*50.00

<b>DOCUMENT # L01000022215</b> 1. Entity Name <b>FREEDOM FARMS, LLC</b>					
Principal Place of Business <b>200 N.W. AVENUE L BELLE GLADE, FL 33430</b>			Mailing Address <b>PO BOX 2047 BELLE GLADE, FL 33430</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01272004 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number <b>06-1664700- 1664704</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>NOWICKI, MARK J 14155 U.S. HIGHWAY ONE, STE. 210 JUNO BEACH, FL 33408</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>WILKINSON, WALTER B.</b> Street Address (P.O. Box Number is Not Acceptable) <b>223 PARK ROAD N</b> City <b>ROYAL PALM BEACH FL</b> Zip Code <b>33411</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>2-24-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILKINSON, WALTER B 223 PARK RD. NORTH ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, JOE E 116 TANBARD TRAIL WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCNEIL, JAMES S 1294 BRAMPTON COVE WELLINGTON, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCNEILL, CHRISTA 1294 BRAMPTON COVE WELLINGTON, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILKINSON, WALTER B 223 PARK RD. NORTH ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, JOE E 116 TANBARD TRAIL WELLINGTON, FL 33414	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCNEIL, JAMES S 1294 BRAMPTON COVE WELLINGTON, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>			<b>WALTER B. WILKINSON</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>2-24-04</b> Daytime Phone # <b>561-996-2800</b>		