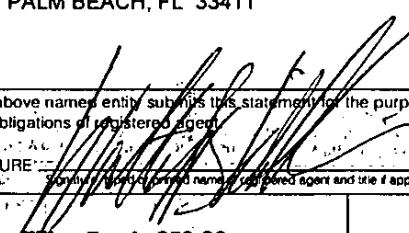
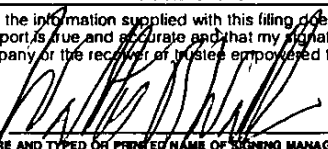


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90056 028 ****50.00

DOCUMENT # L01000022215 1. Entity Name FREEDOM FARMS, LLC					
Principal Place of Business 200 N.W. AVENUE L BELLE GLADE, FL 33430			Mailing Address PO BOX 2047 BELLE GLADE, FL 33430		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 06-1664700 06-1664704				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				01282005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent WILKINSON, WALTER B 223 PARK RD N. WEST PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name WILKINSON, WALTER B. Street Address (P.O. Box Number is Not Acceptable) 200 NW AVENUE L City BELLE GLADE FL 33430		
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:  WALTER B. WILKINSON DATE: 2-28-05 (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILKINSON, WALTER B 223 PARK RD. NORTH ROYAL PALM BEACH, FL 33411 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 200 NW AVENUE L BELLE GLADE, FL 33430	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, JOE E 116 TANBARD TRAIL WELLINGTON, FL 33414 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCNEILL, CHRISTA 1294 BRAMPTON COVE WELLINGTON, FL 33414 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.					
SIGNATURE: 			WALTER B. WILKINSON 2-28-05 561-996-2800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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