

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000001034

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** CJD 2 FAMILY FARM, L.L.C.

**Current Principal Place of Business:**

515 NORTH FLAGLER DR  
STE 1800  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

515 NORTH FLAGLER DR  
STE 1800  
WEST PALM BEACH, FL 334014343

**Current Mailing Address:**

515 NORTH FLAGLER DR  
STE 1800  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

515 NORTH FLAGLER DR  
STE 1800  
WEST PALM BEACH, FL 334014343

**FEI Number:** 16-1616357

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'CONNELL, BRIAN M ESQ.  
515 NORTH FLAGLER DR  
STE 1800  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DERRICK, CLIFTON J II  
Address: 3116 PRINCETON WAY  
City-St-Zip: ANCHORAGE, AK 995084437

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CLIFTON J DERRICK II

MGR

02/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date