2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2005
Secretary of State

DOCUMENT# L02000001544

Entity Name: JAMERSON FARMS ENTERPRISES, LLC

Current Principal Place of Business:

2612 EIGHTH STREET WEST
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

2612 EIGHTH STREET WEST
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 51-0462497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KYLE, KEVIN A
1520 ROYAL PALM SQUARE BLVD.
SUITE 320
FT. MYERS, FL 33919 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/MEMBERS:

Title: MGR ( ) Delete
Name: JAMERSON, MICHAEL
Address: 13247 WHITEHAVEN LANE #706
City-St-Zip: FORT MYERS, FL 33912

Title: MGR ( ) Delete
Name: JAMERSON, STEPHEN
Address: 2612 EIGHTH STREET WEST
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JAMERSON, MICHAEL
Address: 4210 GOEBLE RD
City-St-Zip: FORT MYERS, FL 33905

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHEN JAMERSON MGR 05/06/2005

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