

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006473

FILED
Jul 05, 2005
Secretary of State

Entity Name: FOUR LEGGED FARMS, L.C.

Current Principal Place of Business:

13184 SILVER FOX TRAIL
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

13184 SILVER FOX TRAIL
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 56-2379088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

GRIECO, PETER L JR
13184 SILVER FOX TRL
PALM BEACH GARDENS, FL 33418 US

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 () Delete
Name: GRIECO, CHRISTINE
Address: 13184 SILVER FOX TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGR () Delete
Name: GRIECO, PETER L JR
Address: 13184 SILVER FOX TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

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

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: PETER GRIECO

MGR

07/05/2005

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