


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90367 007 ****55.00

DOCUMENT # L02000007042	
1. Entity Name RAINY DAY FARMS, LLC	

Principal Place of Business 255 N LAKE AVE LAKE BUTLER, FL 32054	Mailing Address P.O. BOX 238 LAKE BUTLER, FL 32054
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2. Principal Place of Business - No P.O. Box # 12469 W. SR 100	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Lake Butler FL	City & State
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Zip 32054	Country US	Zip	Country
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01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 01-0750984	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

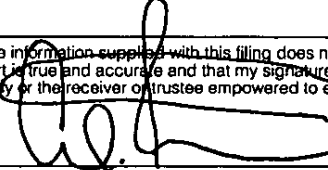
6. Name and Address of Current Registered Agent ROBERTS, AVERY C 255 N LAKE AVE LAKE BUTLER, FL 32054

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12469 West SR 100 City Lake Butler FL Zip Code 32054

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  Avery C. Roberts	DATE 4-18-07
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, AVERY C 255 N LAKE AVE LAKE BUTLER, FL 32054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12469 West SR 100 Lake Butler FL 32054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Avery C. Roberts	Date 4-18-07 Daytime Phone # 386-496-3509
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	