

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011526

Entity Name: MAGELLAN FARMS, LLC

FILED
Jan 09, 2004
Secretary of State

Current Principal Place of Business:

1100 PARK CENTRAL BOULEVARD SOUTH
1700
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

1100 PARK CENTRAL BOULEVARD SOUTH
1700
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 04-3673171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANEY, R. REID E
101 E. KENNEDY BLVD., SUITE 4100
TAMPA, FL 33602 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: BALLOTTA, PETER C
Address: 10500 UNIVERSITY CENTER DRIVE, SUITE 143
City-St-Zip: TAMPA, FL 33612

Title: MGR () Delete
Name: TOBI, JOSEPH C
Address: 10500 UNIVERSITY CENTER DRIVE, SUITE 143
City-St-Zip: TAMPA, FL 33612

Title: MGR () Delete
Name: FERGUSON, BRAD
Address: 1100 PARK CENTRAL BLVD. S., SUITE 1700
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES:

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

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 C. BALLOTTA

MGR

01/09/2004

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