
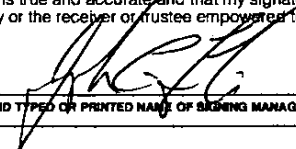


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90129 024 ****50.00

DOCUMENT # L02000011526 1. Entity Name MAGELLAN FARMS, LLC			
Principal Place of Business 1100 PARK CENTRAL BOULEVARD SOUTH 1700 POMPANO BEACH, FL 33064		Mailing Address 1100 PARK CENTRAL BOULEVARD SOUTH 1700 POMPANO BEACH, FL 33064	
2. Principal Place of Business P.O. Box 11705 Suite, Apt. #, etc. 2908 E. McBerry St City & State Tampa, FL Zip 33680 Country USA		3. Mailing Address P.O. Box 11705 Suite, Apt. #, etc. 2908 E. McBerry St City & State Tampa, FL Zip 33680 Country USA	
4. FEI Number 04292005 Chg-LLC CR2E083 (10/03) 04-3673171		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent HANEY, R. REID E 101 E. KENNEDY BLVD., SUITE 4100 TAMPA, FL 33602	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALLOTTA, PETER C <input type="checkbox"/> Delete 10500 UNIVERSITY CENTER DRIVE, SUITE 143 TAMPA, FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALLOTTA, PETER C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3417 HEARDS FERRY DR. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOBI, JOSEPH C <input type="checkbox"/> Delete 10500 UNIVERSITY CENTER DRIVE, SUITE 143 TAMPA, FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOBI, JOSEPH C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 514 RIVIERA DR TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERGUSON, BRAD <input type="checkbox"/> Delete 1100 PARK CENTRAL BLVD. S., SUITE 1700 POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERGUSON, BRAD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6129 NW 53RD Cr. Coral Springs, FL 33067
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
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
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
11. I hereby certify that the information supplied with this filing does not qualify 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 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:  Joseph C. Tobin		4/29/05 (813) 237-3836 Date Daytime Phone #	