

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013681

Entity Name: AMERICAN FARMS, LLC

FILED
Mar 08, 2005
Secretary of State

Current Principal Place of Business:

1484 KEAN AVENUE, SW
NAPLES, FL 34117

New Principal Place of Business:

Current Mailing Address:

PO BOX 990490
NAPLES, FL 341166060

New Mailing Address:

FEI Number: 59-3074371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLARY, MARY BETH M
5801 PELICAN BAY BLVD., SUITE 300
C/O PORTER, WRIGHT, MORRIS & ARTHUR
NAPLES, FL 341082709 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: MGRM () Delete
Name: SOMOZA, CHRISTINE R
Address: 4709 VIA CARMEN
City-St-Zip: NAPLES, FL 34105

Title: MGRM () Delete
Name: SALAZAR, ALEJANDRO JR
Address: 2124 PICCADILLY CR.
City-St-Zip: NAPLES, FL 34112

Title: MGRM () Delete
Name: PUGH, JAMES
Address: 1801 23RD ST. S.W.
City-St-Zip: NAPLES, FL 34117

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: CHRISTINE R. SOMOZA

MGRM

03/08/2005

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