2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# L02000013681

Entity Name: AMERICAN FARMS, LLC

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 ( )**

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/MANAGERS:

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 Chapter 119, 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 04/24/2006

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