

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018684

FILED
Jul 06, 2004
Secretary of State

Entity Name: TRACK HO FARMS, L.L.C.

Current Principal Place of Business:

3700 SW 30 AVENUE
DAVIE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

3700 SW 30 AVENUE
DAVIE, FL 33312 US

New Mailing Address:

FEI Number: 05-0523459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, ANDREW I ESQ.
4000 HOLLYWOOD BLVD.
SUITE 265-SOUTH
HOLLYWOOD, FL 33021 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: HOOD, JOHN W JR.
Address: 3701 S.W. 47TH AVE.
City-St-Zip: DAVIE, FL 33021

Title: MGRM () Delete
Name: HOOD, DALE A
Address: 3701 S.W. 47TH AVE.
City-St-Zip: DAVIE, FL 33021

Title: MGRM () Delete
Name: OBERTING, DAVID W
Address: 6301 COLLINS AVE. UNIT 210
City-St-Zip: MIAMI BEACH, FL 33141

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: JOHN W. HOOD, JR

MGRM

07/06/2004

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