2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jan 12, 2005 08:00 AM DOCUMENT # L02000018794 **Secretary of State** JOSHUA TREE FARM, LLC Mailing Address Principal Place of Business 8436 LITHIA PINECREST ROAD **POST OFFICE BOX 497** LITHA, FL 33547 US MULBERRY, FL 33860 US 01042005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 71-0906713 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent DO NOT WRITE BADCOCK, HENRY C SR. 8436 LITHIA PINECREST ROAD LITHIA, FL 33547 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE BADCOCK, HENRY C SR. U00000178446 8436 LITHIA PINECREST ROAD STREET ADDRESS 01/12/05-80026-025 50.00 LITHIA, FL 33547 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CXTY-ST-ZIP

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.

TITLE

STREET ADDRESS CITY-ST-ZIP

863-425-7619 D NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE