## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L02000018794

1. Entity Name
JOSHUA TREE FARM, LLC



FILED Jan 31, 2008 08:00 AN Secretary of State

Principal Place of Business

8436 LITHIA PINECREST ROAD LITHA, FL 33547 US Mailing Address

POST OFFICE BOX 497 MULBERRY, FL 33860

US



## DO NOT WRITE IN THIS SPACE

01162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 71-0906713

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BADCOCK, HENRY C SR. 8436 LITHIA PINECREST ROAD LITHIA, FL 33547

## DO NOT WRITE IN THIS SPACE

·		IN THIS SPACE	IN THIS SPACE
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accep	 rgistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	legistered Agent signature required when reinstating)
	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	02/06/08-80072-009 138.75	02/06/08-80072-009 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM BADCOCK, HENRY C SR. 8436 LITHIA PINECREST ROAD LITHIA, FL 33547		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	IN THIS SPACE
TITLE			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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: //

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

128/08

Daytime Phone #