


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90005 003 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # L02000031062</b><br>1. Entity Name<br><b>NORTHLAND FARMS, LLC</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>510 BROAD HOLLOW ROAD STE. 301<br/>MELVILLE, NY 11747</b> | Mailing Address<br><b>510 BROAD HOLLOW ROAD STE. 301<br/>MELVILLE, NY 11747</b> |
|---|---|

**24067848**

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04262004 No Chg-LLC

CR2E083 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>37-1449148</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH LTD. INC.  
1406 HAYS STREET STE. 2  
TALLAHASSEE, FL 32301**

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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.

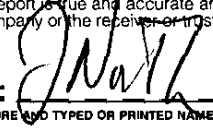
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGR<br/>NORTH, JAMES<br/>510 BROAD HOLLOW ROAD STE. 301<br/>MELVILLE, NY 11747</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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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.

**SIGNATURE:**  **4-26-04 212736-1711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #