

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032401

Entity Name: D & G PALM FARM, LLC

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

22989 SW 179TH PLACE  
MIAMI, FL 33170

**New Principal Place of Business:**

**Current Mailing Address:**

22989 SW 179TH PLACE  
MIAMI, FL 33170

**New Mailing Address:**

FEI Number: 13-4223989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, DON CPA  
9500 S. DADELAND BLVD., STE. 700  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

WILSON, DON CPA  
6705 RED ROAD STE 608  
CORAL GABLES, FL 33143 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: D.M. FARM & NURSERY,, INC.  
Address: 22989 SW 179TH PLACE  
City-St-Zip: MIAMI, FL 33170

Title: MGRM ( ) Delete  
Name: ROSE OF SHARON,  
Address: 18470 SW 206 ST.  
City-St-Zip: MIAMI, FL 33187

**ADDITIONS/CHANGES:**

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 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: DARIN MISLOW

MGRM

04/30/2008

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