

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033635

Entity Name: WOOD FOX FARM, LLC

FILED
Apr 11, 2004
Secretary of State

Current Principal Place of Business:

14266 ROLLING ROCK PLACE
WELLINGTON, FL 33414

New Principal Place of Business:

14266 ROLLING ROCK PLACE
WELLINGTON, FL 33414 US

Current Mailing Address:

14266 ROLLING ROCK PLACE
WELLINGTON, FL 33414

New Mailing Address:

14266 ROLLING ROCK PLACE
WELLINGTON, FL 33414 US

FEI Number: 16-1643307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TONNESON, DAVID A
14266 ROLLING ROCK PLACE
WELLINGTON, FL 33414

Name and Address of New Registered Agent:

TONNESON, DAVID A
14266 ROLLING ROCK PLACE
WELLINGTON, FL 33414 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:

04/11/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: TONNESON, DAVID A MEMBER
Address: 14266 ROLLING ROCK PL.
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM () Delete
Name: TONNESON, PHYLLIS S MEMBER
Address: 14266 ROLLING ROCK PL.
City-St-Zip: WELLINGTON, FL 33414 US

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 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: DAVID A TONNESON

MGRM

04/11/2004

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