


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000000041
1. Entity Name
TOP NOTCH FARMS, L.L.C.



Principal Place of Business
31010 SW 212TH AVE.
HOMESTEAD, FL 33030

Mailing Address
31010 SW 212TH AVE.
HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE



04222005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 81-0639531	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WAYNE CHIN, KIM
31010 SW 212TH AVE.
HOMESTEAD, FL 33030

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOY, WAYNE 17 SYCAMORE WAY WARREN, NJ 07059
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHIN, KIM WAYNE 31010 SW 212TH AVE. HOMESTEAD, FL 33030
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04/29/05-80126-015 50.00

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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)(f), 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: *Kim Wayne Chin* KIM WAYNE CHIN (L.P.) 4/25/05 9862564684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #