


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 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



04262006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0639531

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WAYNE CHIN, KIM
31010 SW 212TH AVE.
HOMESTEAD, FL 33030

**DO NOT WRITE
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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
Due by May 1, 2006**

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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05/12/06-80022-014 50.00

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IN THIS SPACE**

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 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 4/26/06 786 256 4684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #