2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 08:00 AM Secretary of State

1. Entity Name BORN TO WIN FARM, LLC					,
Principal Place of Business 19202 HANNA ROAD LUTZ, FL 33549		Mailing Address 19202 HANNA ROAD	_		
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2. Principal Place of Business		3. Mailing Address	3. Mailing Address		T TUNNIZALE ANT DARIND ARKIN EDIKIN BALIK DOLIKE BONIK BARKIN AKBERE KONIM KURKU DINAFAL KULIMBA S
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04262005 Chg-LLC CR2E083 (10/03)
City & State		City & State	City & State		4. FEI Number Applied For 51-0445189 Not Applicable
Zìp	Country	Zip	Country		5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			Na	7. Name and Address of New Registered Agent Name	
PULEO, P.	AUL N NNA ROAD		Street Addres		P.O. Box Number is Not Acceptable)
LUTZ, FL	33549				
			City		FL Zip Code
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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstalling).					
Filing Fee is \$50.00 Due by May 1, 2005					Make check payable to Florida Department of State
9.		MBERS/MANAGERS	10.		ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PULEO, PAUL M 19202 HANNA RD LUTZ, FL	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI		U00000356089 05/04/05-80021-024 50.00
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	PULEO, SHARON 19202 HANNA RD LUTZ, FL		NAME STREET ADD CITY-ST-ZI		
TITLE	☐ Delate TITE		TITLE NAME		☐ Change ☐ Addillon
NAME STREET ADDRESS CITY-ST-ZIP	STR		STREET ADD	I	
TITLE NAME STREET ADDRESS	NAM. STR		TITLE NAME STREET ADD	- 1	☐ Change ☐ Addition
CITY-ST-ZIP	╼┼╼╌┈╌┈╌┈╌┈╌┈┼		CITY-ST-ZI	IP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		um Volvid	NAME STREET ADD		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	€ Delete TITL NAM SYR		TITLE NAME STREET ADD	DRESS	☐ Change ☐ Addition
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 ogth; that I am a managing member or manager of the limited liability company or the restrictive empowered to execute this report as required by Chapter 608, Florida Statutes.					