## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 23, 2004 8:00 am Secretary of State

					Secretary or State			
DOCUMENT # L03000008435  1. Entity Name FALKNER FARM LLC					04-23-2004 90014 026 ****50.00			
Principal Place	e of Business	Mailing Address						
6911 RIVERSEDGE STREET CIRCLE BRADENTON, FL 34202 US		6911 RIVERSEDGE STREET CIRCLE Bradenton, FL 34202 US			24052025			
2. Principal Place of Business		3. Mailing Address Thre Circle NE		JE IIII				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04142004	Chg-LLC	CR2E083 (10/03)		
City & State		RCADENTOU	FI	4. FEI Numb		8 Ap	plied For t Applicable	
Zip	Country	34212	Country U.S. A	5. Certificate	of Status Desired	Solution \$5.00 Add Fee Requires		
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New Re	gistered Agent		
000000	TION CEDVICE COMPANY		Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		Street Address (		ess (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
17 (22) (17)	50LL, 1 L 02001							
			City			FL Zip Code	9	
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gistered office or reg	sistered agent, or bo	th, in the State of Flori	ida. I am familiar with,	and accept	
SIGNATURE .								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	raintered Ament eigensture re-					
		1	Misteren Viterus adulations ter	quired when reinstating)		DATE		
	ling Fee Is \$50.00 ue by May 1, 2004		gistado Agent agrizone le	quired when reinstating)		check payable to Department of State	9	
			10.	quired when reinstating)		check payable to Department of State	<b>9</b>	
D:	MANAGING MEMBEI			quired when reinstating)	Florida	check payable to Department of State	e Addition	
9. TITLE NAME	MANAGING MEMBEI MGRM FALKNER, THOMAS	RS/MANAGERS	10. TITLE NAME	quired when reinstating)	Florida	check payable to Department of State CHANGES		
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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)(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 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: LINDA Wright Sind While A Member of Signature and Typed or Printed MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #