

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008435

FILED
Aug 09, 2006
Secretary of State

Entity Name: FALKNER FARM LLC

Current Principal Place of Business:

6911 RIVERSEDGE STREET CIRCLE
BRADENTON, FL 34202 US

New Principal Place of Business:

Current Mailing Address:

6911 RIVERSEDGE STREET CIRCLE
BRADENTON, FL 34202 US

New Mailing Address:

FEI Number: 06-1686128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

GREENE, ROBERT F
1301 SIXTH AVENUE W
SUITE 400
BRADENTON, FL 34205 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: ROBERT F. GREENE

08/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FALKNER, THOMAS
Address: 6911 RIVERSEDGE STREET CIRCLE
City-St-Zip: BRADENTON, FL 34202 US

Title: MGRM () Delete
Name: FALKNER, CHRISTOPHER
Address: 2938 WILDERNESS BLVD. E.
City-St-Zip: PARRISH, FL 34219 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 Chapter 119, 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: THOMAS FALKNER

MGRM

08/09/2006

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