

APR-6-2004 01:21P FROM:

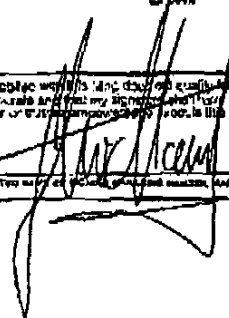
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FILED
Apr 09, 2004 8:00 am
Secretary of State

03-30-2004 90068 025 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

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DOCUMENT # L03000010743			
1. Entity Name FARMLAND, L.L.C.			
Principal Place of Business 1112 WESTON ROAD 219 WESTON, FL 33226 US		Mailing Address 1112 WESTON ROAD 219 WESTON, FL 33226 US	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Filing Number 20-0844329		Applied To Not Applicable	
5. Confirms of Service Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CATARINEAU, JOSE A ESQ. 7780 SW 117 AVE 201 MIAMI, FL 33183		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
8. The filer certifies that this statement is true and correct for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am the filer or with, and accept the obligations of a registered agent.			
SIGNATURE _____ Date _____			
Filing Fee is \$50.00 Due by May 1, 2004		Please check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONAL CHANGES	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
☐ Change	☐ Add	☐ Change	☐ Add
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
☐ Change	☐ Add	☐ Change	☐ Add
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
☐ Change	☐ Add	☐ Change	☐ Add
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
☐ Change	☐ Add	☐ Change	☐ Add
11. I, the filer, certify that the information supplied was true and correct and that the information stated in Section 111.07(2)(a), Florida Statute, is further certified that the information indicated on this report is true and accurate and that my signature and that of the filer, if applicable, is a true and correct signature and that I am a managing member or manager of the limited liability company or the manager of the limited liability company. This is the report as required by Chapter 605, Florida Statutes.			
SIGNATURE: 		DATE: MARCH 18th 2004	
Signature and typed or printed name of filer, manager, or authorized representative		Date	

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