2005 LIMITED LIABILITY COMPANY

Feb 18, 2005 8:00 am Secretary of State **ANNUAL REPORT** 02-18-2005 90129 047 ****50 00 **DOCUMENT # L03000010743** 1. Entity Name FARMLAND, L.L.C. **ZUULZZU**3 Principal Place of Business Mailing Address 1112 WESTON ROAD 1112 WESTON ROAD 219 219 WESTON, FL 33326 WESTON, FL 33326 02142005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0844329 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CATARINEAU, JOE A ESQ. DO NOT WRITE 7780 SW 117 AVE 201 IN THIS SPACE MIAMI, FL 33183 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 reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE STRICKLAND, JUAN A NAME STREET ADDRESS 1112 WESTON ROAD, # 219 CITY-ST-ZIP WESTON, FL 33326 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-73P TITLE

11. I hereby certify that the information supplied with this/ining does no/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 accorded and that fry signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the received at trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS

> SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING

MEMBER, OR AUTHORIZED REPRESENTATIVE

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FILED