FILED Apr 28, 2008 08 Secretary of

## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000010743  1. Entity Name FARMLAND, L.L.C.					
Principal Place	ce of Business Mailing Address ON ROAD 1112 WESTON ROAD		,		
219	219				
WESTON, FL	33326 US WESTON, FL 33326 US				
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DO NOT WRITE IN THIS SPACE			04212008 No Chg-LLC CR2E08	83 (12/07)	
	O NOT WITH IN THIS STA	OL.	4. FEI Number 20-0844329	Applied For Not Applicable	
		-	5 Certificate of Status Desired   \$	5.00 Additional ee Required	
	6. Name and Address of Current Registered Agent	Ţ			
CATARINE 7780 SW	EAU, JOE A ESQ. 117 AVF	:	DO NOT WRITE		
201 MIAMI, FL 33183			IN THIS SPACE		
, 1					
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					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS/MANAGERS	1 .	The state of the particular to the state of		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRICKLAND, JUAN A 1112 WESTON ROAD, # 219 WESTON, FL 33326				
TITLE : NAME STREET ADDRESS CITY-ST-ZIP	*		00000092454 05/19/08-80005		
TITLE .		<b>1</b> :	A Company of the Comp	`	
STREET ADDRESS CITY-ST-ZIP	V (67) 1 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		DO NOT WRITE	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·.	
11. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that the 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 of trustee error were to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTIP NAME OF AUTHORIZED REPRESENTATIVE  Data  Despirite Phone #					