

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019436

Entity Name: WESTCHESTER FARMS, LLC

FILED  
Jan 16, 2007  
Secretary of State

**Current Principal Place of Business:**

8410 S.W. 27TH LANE  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

8410 S.W. 27TH LANE  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARMAS, ANGEL  
5201 BLUE LAGOON DRIVE  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

ARMAS, ANGEL  
11620 SW 121 AVENUE  
MIAMI, FL 33186 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: ANGEL ARMAS

01/16/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LLANEZA, JOSE M  
Address: 26900 S.W. 182 AVENUE  
City-St-Zip: MIAMI, FL 33031

Title: MGRM ( ) Delete  
Name: LLANEZA, MARIA V  
Address: 26900 S.W. 182 AVENUE  
City-St-Zip: MIAMI, FL 33031

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LLANEZA, JOSE M  
Address: 8410 S.W. 27TH LANE  
City-St-Zip: MIAMI, FL 33155

Title: MGRM (X) Change ( ) Addition  
Name: LLANEZA, MARIA V  
Address: 8410 S.W. 27TH LANE  
City-St-Zip: MIAMI, FL 33155

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: JOSE LLANEZA

MGRM

01/16/2007

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