2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2007 08:00 A
Secretary of State

DOCUMENT # L03000028816

1. Entity Name
FENN FARM, L.L.C.

Principal Place of Business	Mailing Address
509 BUNKERS COVE ROAD PANAMA CITY, FL 32401	509 BUNKERS COVE ROAD PANAMA CITY, FL 32401

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02062007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
81-0627248
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FENN GREENE, SYLVIA
2820 COCOA AVENUE
PANAMA CITY, FL 32405

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KENNEDY, ALETHA FENN
STREET ADDRESS	7326 WEST HIGHWAY 98
CITY-ST-ZIP	PORT ST. JOE BEACH, FL 32401
TITLE	MGRM
NAME	ALLAN, BEVERLY FENN
STREET ADDRESS	509 BUNKERS COVE ROAD
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	MGRM
NAME	LOVEJOY, REBA FENN
STREET ADDRESS	332 NORTH COVE BLVD.
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	MGRM
NAME	GREENE, SYLVIA FENN
STREET ADDRESS	2820 COCOA AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing 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 my 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: Beverly F. Allan 2-14-07 850 769-2846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #