2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 26, 2005 08:00 AM Secretary of State DOCUMENT # L03000032027 1. Entity Name STOCKTON FARMS, LLC Principal Place of Business Mailing Address 107 HICKORY CREEK BLVD. P.O. BOX 1024 BRANDON, FL 33511 RIVERVIEW, FL 33568 03272005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0180487 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WILLIAMS, STEVEN A 101 E. KENNEDY BLVD., SUITE 3700 TAMPA, FL 33602 IN THIS SPACE 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) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME SHOOP, JERRY L MGRM STREET ADDRESS P.O. BOX 1024 CITY-ST-ZIP RIVERVIEW, FL 33568 ŲÕŬÜÕÕ331977 TITLE 04/26/05-80038-005 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not 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 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED