2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Apr 24, 2006 08:00 AM Secretary of State DOCUMENT # L03000032027 1. Entity Name STOCKTON FARMS, LLC Mailing Address Principal Place of Business 107 HICKORY CREEK BLVD. P.O. BOX 1024 BRANDON, FL 33511 RIVERVIEW, FL 33568 04162006 No Chg-LLC CR2E083 (11/05) 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 5. 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 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, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE SHOOP, JERRY L MGRM MAME U00000532909 P.O. BOX 1024 STREET ADDRESS 05/06/06-8U1U2-UU5 5U.UU RIVERVIEW, FL 33568 CITY-ST-ZIP TITLE MARKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 1m£ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 eath; 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.

4-17-06 SIGNATURE SING MEMBER, OR AUTHORIZED REPRESENTATIVE RINTED NAME OF SIGNING MAN NO TYPED OF