


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000035239	
1. Entity Name DAHL FARMS, LLC	

Principal Place of Business 6000 NW 70TH AVE OCALA FL 34482 US	Mailing Address 6000 NW 70TH AVE OCALA FL 34482 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent DAHL, ROBERT S SR. 6000 NW 70TH AVE OCALA FL 34482	
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4. FEI Number 02-0710206	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAHL, ROBERT S., SR., TRUSTEE 6000 NW 70TH AVE OCALA FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000645824 03/06/07-80005-004 50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert S. Dahl **Robert S. Dahl** 2/21/07 352-840-9752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #