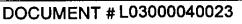
## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT





FILED Apr 08, 2004 8:00 am Secretary of State

1. Entity Name COUNTRY CARE FARMS, LLC						04-08-2004	90272 03	34 ****5	0.00
Principal Place of Business		Mailing Address							
511 EAST BLOOMINGDALE AVENUE Brandon, FL 33511		511 EAST BLOOMINGDALE AVENUE Brandon, FL 33511			1 18311911 877 8	TING INM BOIN 45111 BOIN	OPHI BION COIL	i i sila likka ku	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03312004	Chg-LLC	CR2E08	3 (10/03)	
City & State		City & State			4. FEI Number	24074	84		plied For t Applicable
Zip	Country	Zip				f Status Desired		5.00 Add ee Required	i
6. Name and Address of Current Registered Agent Name					- 7: Name and A	Address of New Ro	gistered A	gent	<del></del>
C/O LASM	JEFFREY M ESQ. AN & ASSOCIATES, P.A.			Street Address (P.O. Box Number is Not Acceptable)					
115 PROV BRANDON									
			City			FL	Zip Code	<del>)</del>	
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)  OATE									
City indust, typod or printed traine of regions of agent and views opproposes. (ITO I C. regions of regions of regions of installary)									
Filing Fee Is \$50.00 Due by May 1, 2004							check pa Departme		)
9.	MANAGING MEMBER		10.		1000	ADDITIONS /-			
TITLE :	MGRM KANE, RICHARD Z	☐ Delete	TITL NAM	l l				☐ Change	☐ Addition
STREET ADDRESS	5 511 EAST BLOOMINGDALE AVENUE			EET ADDRESS					l
CITY-ST-ZIP	BRANDON, FL 33511		<u> </u>	-ST-ZIP				Chann	Addition
TITLE Name	MGRM KANE, CHERYL A	☐ Delete	TITL: NAM	I .				☐ Change	☐ Addition
STREET ADDRESS City-St-Zip				EET ADDRESS '-ST-ZIP				•	
TITLE	MGRM	☐ Delete	TIΠL	l l				☐ Change	☐ Addition
NAME STREET ADDRESS	KUEBELBECK, K. LEANN 511 EAST BLOOMINGDALE AVE	. شد مد NUE	NAM	IE EET ADDRESS				-	
CITY-ST-ZIP	BRANDON, FL 33511		CITY	-ST-ZIP					
TITLE	MGRM	☐ Delete	TITL.	I .				☐ Change	☐ Addition
NAME STREET ADDRESS	MORGAN, CHRISTY L 511 EAST BLOOMINGDALE AVE	NUE	NAM STRE	EET ADDRESS					
CITY-ST-ZIP	BRANDON, FL 33511		CITY	-ST-ZIP					
TITLÉ Name		☐ Delete	TITL NAM					Change	Addition
STREET ADDRESS				EET ADORESS					
CHY-ST-ZIP	1	<u> </u>	CITY	-ST-ZIP					
TITLE NAME		. □ Deleia	TITL NAM					Change	☐ Addition
STREET ADDRESS	* * .			EET ADDRESS					
CITY-ST-ZIP	- 1. 11.			-ST-ZIP					
11. I hereby certify that the information supplied with this filling 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 limited liability company or the receiver or trustee empowered to execute miss teport as required by Chapter 608, Florida Statutes.									