

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040943

FILED
Apr 28, 2008
Secretary of State

Entity Name: BOGER FARMS LLC

Current Principal Place of Business:

C/O JAMERSON SUTTON & SURLAS LLP
2655 LE JEUNE ROAD, PENTHOUSE II
CORAL GABLES, FL 33134

New Principal Place of Business:

12831 SW 2ND ROAD
NEWBERRY, FL 32669

Current Mailing Address:

C/O JAMERSON SUTTON & SURLAS LLP
2655 LE JEUNE ROAD, PENTHOUSE II
CORAL GABLES, FL 33134

New Mailing Address:

12831 SW 2ND ROAD
NEWBERRY, FL 32669

FEI Number: 20-0422871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT L. JAMERSON, JR., P.A.
2655 LE JEUNE ROAD, PENTHOUSE II
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOGER, JUAN P
Address: 2655 LE JEUNE ROAD, PH-II
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: BOGER, RICARDO
Address: 2655 LE JEUNE ROAD, PH-II
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BOGER, RICARDO
Address: 12831 SW 2ND ROAD
City-St-Zip: NEWBERRY, FL 32669

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICARDO BOGER

MGRM

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date