2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004
Secretary of State

DOCUMENT# L03000043529

Entity Name: SOUTHWEST FLORIDA FARMS LLC

Current Principal Place of Business:

158 NE 41ST STREET
SUITE 109
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

158 NE 41ST STREET
SUITE 109
MIAMI, FL 33137

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALMER, MICHAEL B
158 NE 41ST STREET
SUITE 109
MIAMI, FL 33137 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/MEMBERS:

Title: MGR ( ) Delete
Name: PALMER, MICHAEL B
Address: 158 NE 41ST STREET
City-St-Zip: MIAMI, FL 33137

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: RICHARDS, CLARK R
Address: 4115 EAST RIVER DRIVE
City-St-Zip: FORT MYERS, FL 33916

Title: MGR ( ) Change (X) Addition
Name: STIEGELE, ROBERT
Address: 158 NE 41 STREET, SUITE 109
City-St-Zip: MIAMI, FL 331373542

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL B. PALMER MGR 04/05/2004

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