2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000044226

1. Entity Name
ALACHUA FARMS L.L.C.

Principal Place of Business	Mailing Address
14024 NW US HWY 441	P.O. BOX 1857
ALACHUA, FL 32615 US	ALACHUA, FL 32616 US

DO NOT WRITE IN THIS SPACE

01282008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
56-2418907	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TOMPKINS, DARRYL J
14420 NW 151 BLVD.
ALACHUA, FL 32615

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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)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WIGGINS, ARDENE J
STREET ADDRESS	14024 NW US HWY 441
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

U00000881367
04/15/08-80098-013 138.75

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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 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: _____ Joseph A Wiggins _____ 4/1/08 _____ 386 418·4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #