


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000044408</b> 1. Entity Name <b>GREY GOOSE FARM, LLC</b>	
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Principal Place of Business <b>14499 LAUREL TRAIL WELLINGTON, FL 33414</b>	Mailing Address <b>1097 MIDDLEBRIDGE ROAD WAKEFIELD, RI 02879</b>
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04132007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>13-4269449</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>KRASKER, PAUL ESQ 625 NORTH FLAGLER DRIVE, 9TH FL WEST PALM BEACH, FL 33414</b>
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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 <u><i>M. Diane Charbonneau</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<u>4-10-07</u> <small>DATE</small>

**Filing Fee Is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHARBONEAU, M. DIANE 1097 MIDDLEBRIDGE ROAD WAKEFIELD, RI 02879
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHARBONEAU, W. GARY 1097 MIDDLEBRIDGE ROAD WAKEFIELD, RI 02879
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<b>U000000714052 04/27/07-80008-002 50.00</b>

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: <u><i>M. Diane Charbonneau</i></u> <b>M. DIANE CHARBONEAU</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>4-10-07</u> <b>401-487-6312</b> <small>Date Daytime Phone #</small>