

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046769

FILED
Jan 14, 2005
Secretary of State

Entity Name: ASCENDANT FARMS, LLC

Current Principal Place of Business:

5415 W. SLIGH AVE. SUITE 107
TAMPA, FL 33634

New Principal Place of Business:

5415 W. SLIGH AVE. SUITE 110
TAMPA, FL 33634

Current Mailing Address:

5415 W. SLIGH AVE. SUITE 107
TAMPA, FL 33634

New Mailing Address:

5415 W. SLIGH AVE. SUITE 110
TAMPA, FL 33634

FEI Number: 54-2137870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEKAJIPO, LAWRENCE D CPA
9384 N. 56TH ST. SUITE 3
TAMPA, FL 33617 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: MGRM () Delete
Name: MANUCHIA, DONALD
Address: 5415 W. SLIGH AVE. SUITE 107
City-St-Zip: TAMPA, FL 33634

Title: MGRM () Delete
Name: MANUCHIA, DONALD
Address: 5415 W. SLIGH AVE. SUITE 107
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES:

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

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

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: DONALD MANUCHIA

MGRM

01/14/2005

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