2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000050648

1. Entity Name SOUTHERN FARM & LAND, LLC



FILED Feb 16, 2007 08:00 AN Secretary of State

Principal Place of Business

1499 HWY 434 W LONGWOOD, FL 32750 Mailing Address

1499 HWY 434 W LONGWOOD, FL 32750



DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For S8-2677726 Not Applied For Not Applicable

5. Certificate of Status Desired Fee Required Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

DAPORE, CHRISTOPHER R 1499 HWY 434 W LONGWOOD, FL 32750

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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.	
SI	GNATURE	

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	MM MANAGING MEMBERS/MANAGERS
NAME	JP HOLDINGS, INC
STREET ADDRESS	205 SR 434 LN STE A
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	MM
NAME	3R PROPERTIES, INC
STREET ADDRESS	1499 HWY 434 W
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE	
NAME OVERT LODGED	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby o	certify that the information supplied with this filing does not qualify for the ex

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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

BIGNATURE AND TIPED OF PRINTED NAME OF BIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTAT

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400-260-8100

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