2008 LIMITED LIABILITÝ COMPANY ANNUAL REPORT

DOCUMENT # L03000052490

Entity Name
R & J FARM, LLC



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

08 FEB -7 PM 3: 20

Principal Place of Business

108 SE EGLIN PARKWAY FORT WALTON BEACH, FL 32548 Mailing Address

108 SE EGLIN PARKWAY FORT WALTON BEACH, FL 32548



01152008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	L	Applied For
	20-0479159		Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Re	Additional duired

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

ROCKMAN, KEITH L 108 SE EGLIN PARKWAY FORT WALTON BEACH, FL 32548

DO NOT WRITE IN THIS SPACE

	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. am familiar with, the obligations of registered agent.	and accept
_		* 4

(NOTE: Registered Agent signature required when reinstating)

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ROCKMAN, KEITH L
STREET ADDRESS	108 EGLIN PARKWAY SE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	MGRM
NAME	WALKER, FRANK
STREET ADDRESS	108 EGLIN PARKWAY SE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP,	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	32/8/08
STREET ADDRESS	1 14218108
CITY-ST-ZIP	
11 I hereby	certify that the information supplied with this filling does not qualify for the ex-

0279703-1183546638.

DATE

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Tanuary 18,2008

850 862-1900

Daytime Phone #