## 2008 LIMITED LIABILITY COMPANY

## FILED 2008 08:00 AN te

ANNUAL REPORT				May 01, 2008 08:0		
DOCUMENT # L03000053521  1. Entity Name LOMBARDY FARMS, LLC				Secre	etary of Sta	
Principal Place 345 RICAMAI PIERSON, FL	R RD.	Mailing Address 345 RICAMAR RD. PIERSON, FL 32180 US			#118/ #119 1188/ 1188/ SI 188	
D	O NOT WRITE		ACE	, , , , , , , , , , , , , , , , , , ,	2083 (12/07)  Applied For Not Applicable  \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  LOMBARDY, ANTHONY M  345 RICAMAR RD  PIERSON, FL 32180				DO NOT WRITE IN THIS SPACE		
8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.  SIGNATURE  Signature typed of registered open and title if applicable. (NOTE Registered Agents  FILE NOW!!! FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75				Iffice or registered agent, or both, in the State of Florida. I am familiar with, and accept integrature required when reinstating)  DATE  U00000936755 05/27/08-80023-004 138.75		
				The state of the s		
9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	MANAGING MEMBER MR. LOMBARDY, ANTHONY M 251 VAUGHNS GAP ROAD NASHVILLE, TN 37205	RS/MANAGERS	-			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		· .		DO NOT WRITI	E	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				IN THIS SPACE	<b>E</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE						
NAME						

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 hability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

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

Date

Daytime Phone #