

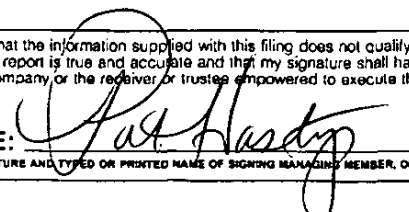


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-15-2006 90024 006 ****50.00

DOCUMENT # L04000001527		
1. Entity Name 888 FARMS LLC		
Principal Place of Business 8862 ESTATES DRIVE WEST PALM BEACH, FL 33411		Mailing Address 8862 ESTATES DRIVE WEST PALM BEACH, FL 33411
DO NOT WRITE IN THIS SPACE		
<div style="text-align: right;">30003925 </div>		
02082006 No Chg-LLC CR2E083 (11/05)		
4. FEI Number 20-0569789		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
KURTZ, JOHN 1280 N. CONGRESS AVE #107 WEST PALM BEACH, FL 33409		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HASTINGS, PATRICIA 8862 ESTATE DRIVE WEST PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ROBERTS, NATHANIEL 266 GRANDA WEST PALM BEACH, FL 33401	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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: 		3/2/06 561-718-8513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #