

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 23, 2005 8:00 am
Secretary of State

05-02-2005 90081 043 ****50.00

DOCUMENT # L04000006218
 1. Entity Name
 PEACOCK EXOTIC TREE FARMS, LLC



Principal Place of Business Mailing Address
 6465 SW 84TH ST 6465 SW 84TH ST
 MIAMI FL 33143 MIAMI FL 33143

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **55-0841662** Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent
 M & W AGENTS, INC.
 2101 NW CORPORATE BLVD, STE 107
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent
 Name **BURELL & ASSOCIATES**
 Street Address (P.O. Box Number is Not Acceptable)
6465 SW 84 STREET
 City **MIAMI** FL Zip Code **33143**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

MANAGER
NGO MARTIN
1717 N BAYSHORE DRIVE #4152
MIAMI FL 33132

11. I hereby certify that the information supplied with this filing does not qualify 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 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]* Date: **4/28/2005**