

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006714

Entity Name: VENTRY FARMS, LLC

FILED
Aug 11, 2008
Secretary of State

Current Principal Place of Business:

2066 LUTEN ROAD
QUINCY, FL 32352

New Principal Place of Business:

300 CAMELLIA DRIVE
QUINCY, FL 32351

Current Mailing Address:

2066 LUTEN ROAD
QUINCY, FL 32352

New Mailing Address:

300 CAMELLIA DRIVE
QUINCY, FL 32351

FEI Number: 20-0768121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VENTRY, WILLIAM F
2066 LUTEN ROAD
QUINCY, FL 32352 US

Name and Address of New Registered Agent:

VENTRY, WILLIAM F
300 CAMELLIA DRIVE
QUINCY, FL 32351 US

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.

SIGNATURE: WILLIAM F. VENTRY

08/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VENTRY, WILLIAM F
Address: 2066 LUTEN ROAD
City-St-Zip: QUINCY, FL 32352

Title: MGRM () Delete
Name: VENTRY, LINDA C
Address: 2066 LUTEN ROAD
City-St-Zip: QUINCY, FL 32352

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VENTRY, WILLIAM F
Address: 300 CAMELLIA DRIVE
City-St-Zip: QUINCY, FL 32351

Title: MGRM (X) Change () Addition
Name: VENTRY, LINDA C
Address: 300 CAMELLIA DRIVE
City-St-Zip: QUINCY, FL 32351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM F. VENTRY

MGR

08/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date