2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# L04000011943

Entity Name: POPISH FARMS, LLC

Current Principal Place of Business:

ONE NORTH CLEMATIS STREET, SUITE 305
WEST PALM BEACH, FL 33401

New Principal Place of Business:

2851 JOHN STREET
SUITE 1
MARKHAM, ON L3R 5R7

Current Mailing Address:

ONE NORTH CLEMATIS STREET, SUITE 305
WEST PALM BEACH, FL 33401

New Mailing Address:

2851 JOHN STREET
SUITE 1
MARKHAM, ON L34 5R7

FEI Number: 20-2702602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PRESTON, MONIKA
Address: ONE NORTH CLEMATIS STREET, SUITE 305
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PRESTON, JOHN W.S.
Address: 4650 DONALD ROSS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGR ( ) Change (X) Addition
Name: GREEN, ROBERT S
Address: 2851 JOHN STREET SUITE 1
City-St-Zip: MARKHAM, ON L3R 5R7

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: ROBERT S GREEN MGR 04/23/2008

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