2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000012639

1. Entity Name

GRINDERS SWITCH FARMS, LLC



FILED
Jan 31, 2007 08:00 AM
Secretary of State

Principal Place of Business

6110 NW 66 WAY PARKLAND, FL 33067 Mailing Address

6110 NW 66 WAY PARKLAND, FL 33067



DO NOT WRITE IN THIS SPACE

01222007 No Chg-LLC

4. FEI Number Applied For 57-1193460 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (11/05)

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

WILLARD, ALAN B 6110 NW 66 WAY PARKLAND, FL 33067

DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.	ed offic	e or registered agent,	or both, in the State of Florida.	I am familiar with, and accept
e t	CNIATION				

(NOTE Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

TITLE MGRM NAME WILLARD, ALAN B STREET ADDRESS CITY-ST-ZIP PARKLAND, FL 33067 TITLE NAME STREET ADDRESS CITY-ST-ZIP	9.	MANAGING MEMBERS/MANAGERS
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	WILLARD, ALAN B 6110 NW 66 WAY
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	
NAME STREET ADDRESS	NAME Street address	
and the subsection of the bit to the subsection of the bit to the subsection of the bit to the subsection of the subsect	NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 flability company or the regelyer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TURE:

ALA B. Willago, Man montor V

(954) 345-5313

Daytima Ph