


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

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| DOCUMENT # L04000012738 1. Entity Name L & F FARMS, L.L.C. |  |
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| Principal Place of Business C/O 435 GORDON GRINER ROAD OCHLOCKNEE GA 31773 | Mailing Address C/O 435 GORDON GRINER ROAD OCHLOCKNEE GA 31773 |
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|---|---|--|
| 2. Principal Place of Business Suite, Apt. #, etc. <i>Same as Above</i> | 3. Mailing Address Suite, Apt. #, etc. <i>Same as Above</i> | |
| City & State | City & State | |
| Zip Country | Zip Country | |

1st MOORE CR2E083 (10/05)

4. FEI Number **34-1977058** Applied For Not Applicable

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

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| 6. Name and Address of Current Registered Agent BAXLEY, MILTON H II C/O 1929 N.W. 12TH TERRACE GAINESVILLE FL 32609 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 resigning) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GRINER, HARMON G C/O 435 GRINER ROAD OCHLOCKNEE GA 31773 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add U00000413418 02/10/06-80089-009 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *L & F Farms, LLC, Inc. Harmon Griner* **1-28-06** **279-584-0593**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #