

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 AM
Secretary of State



DOCUMENT # L04000012738

1. Entity Name

L & F FARMS, L.L.C.

Principal Place of Business

C/O 435 GORDON GRINER ROAD
 OCHLOCKNEE GA 31773

Mailing Address

C/O 435 GORDON GRINER ROAD
 OCHLOCKNEE GA 31773



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

4. FEI Number

34-1977058

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAXLEY, MILTON H II
 C/O 1929 N.W. 12TH TERRACE
 GAINESVILLE FL 32609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR Delete
 NAME: GRINER, HARMON G
 STREET ADDRESS: C/O 435 GRINER ROAD
 CITY-ST-ZIP: OCHLOCKNEE GA 31773

TITLE: Delete
 NAME:
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TITLE: Delete
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10. ADDITIONS/CHANGES

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME: 000000656574
 STREET ADDRESS: 03/14/07-80031-024 50.00
 CITY-ST-ZIP:

TITLE: Change Addition
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 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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 by Harmon G. Griner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-2-07
 Date

229-584-0593
 Daytime Phone #