


**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90272 012 ****55.00

DOCUMENT # L04000026228	
1. Entity Name FOX TAIL FARM LLC	

DO NOT WRITE IN THIS SPACE

20020139

2. Principal Place of Business Loxahatchee, FL	3. Mailing Address 19181 West Sycamore Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E083B (8/05)

City & State Loxahatchee, FL	City & State Loxahatchee, FL	4. FEI Number 20-12353 73	Applied For Not Applicable
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Zip 33470	COUNTRY USA	Zip 33470	COUNTRY USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name	Marsha C. Morris	
	Street Address (P.O. Box Number is Not Acceptable)	19181 West Sycamore Dr.	
	City	Loxahatchee	FL Zip Code 33470

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

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1 ✓

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Roger A. Morris 19181 W. Sycamore Dr. Loxahatchee, FL 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Martha J. Morris 19181 W. Sycamore Dr. Loxahatchee, FL 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Marsha C. Morris 19181 W. Sycamore Dr. Loxahatchee, FL 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE 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	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Roger A. Morris *Roger A. Morris* Feb. 14, 2006 561 790 5803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #