


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000026228</b> 1. Entity Name FOX TAIL FARM LLC	
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Principal Place of Business 19181 SYCAMORE DR. WEST LOXAHATCHEE, FL 33470	Mailing Address 19181 W SYCAMORE DR LOXAHATCHEE, FL 33470 US
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-1235373	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, MARSHA C  
 19181 W SYCAMORE DR  
 LOXAHATCHEE, FL 33470

DO NOT WRITE  
IN THIS SPACE

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 reinstating)      DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	MORRIS, ROGER A
STREET ADDRESS	19181 W SYCAMORE DR
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	MGRM
NAME	MORRIS, MARTHA JEAN
STREET ADDRESS	19181 SYCAMORE DR. WEST
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	MGR
NAME	MORRIS, MARSHA C
STREET ADDRESS	19181 W SYCAMORE DR
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

U00000626183  
02/15/07-80009-015 55.00

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

Marsha C. Morris

**SIGNATURE:** Marsha C. Morris      2-7-07      561-790-5803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #