


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000026228
 1. Entity Name
FOX TAIL FARM LLC



Principal Place of Business Mailing Address
19181 SYCAMORE DR. WEST **19181 W SYCAMORE DR**
LOXAHATCHEE, FL 33470 **LOXAHATCHEE, FL 33470** **US**

DO NOT WRITE IN THIS SPACE



02262008No Chg-LLC CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent
MORRIS, MARSHA C
19181 W SYCAMORE DR
LOXAHATCHEE, FL 33470

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORRIS, ROGER A 19181 W SYCAMORE DR LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORRIS, MARTHA JEAN 19181 SYCAMORE DR. WEST LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORRIS, MARSHA C 19181 W SYCAMORE DR LOXAHATCHEE, FL 33470
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 04/15/08-80100-013 138.75

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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.

SIGNATURE: *Marsha C. Morris* Date: *5/1-7/08-5803*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #