



# 2005 LIMITED LIABILITY COMPANY

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90126 019 \*\*\*\*50.00

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<b>DOCUMENT # L04000028448</b> 1. Entity Name <b>LIMROCK FARM, LLC</b>					
Principal Place of Business <b>10962 NW 110TH ST          REDDICK, FL 32686</b>			Mailing Address <b>10962 NW 110TH ST          REDDICK, FL 32686</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent <b>A1A REGISTERED AGENT INC          92 SADBERRY RD          QUINCY, FL 32351</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OTTIGER PIUS 13651 NORTH HIGHWAY 301 SPARR, FL 32192		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OTTIGER PIUS 17 PEAR TREE LN ROLLING HILLS EST CA 90274	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OTTIGER SANDRA 13651 NORTH HIGHWAY 301 SPARR, FL 32192		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OTTIGER SANDRA ROLLING HILLS EST CA 90274	
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"/> Addition	
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"/> Addition	
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"/> Addition	
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"/> Addition	
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.					
<b>SIGNATURE:</b> 			4/15/05 310-345-0507		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		