

**2006 LIMITED LIABILITY COMPANY.
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

04-17-2006 90051 028 ****50.00

DOCUMENT # L04000028448 1. Entity Name LIMROCK FARM, LLC					
Principal Place of Business 10962 NW 110TH ST REDDICK, FL 32686			Mailing Address <i>P & S Ottiger 17 Pear Tree Lane Rolling Hills Estates CA 90274</i>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
City & State Zip		City & State Zip		4. FEI Number NOT APPLICABLE	
5. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC 92 SADBERRY RD QUINCY, FL 32351			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OTTIGER, PIUS 17 PEAR TREE LANE ROLLING HILLS, CA 90274	<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	MGRM OTTIGER, SANDRA 17 PEAR TREE LANE ROLLING HILLS, CA 90274	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:			Date 4/26/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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