2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000028655

1. Entity Name
CCL FARMS, LLC



FILED Feb 20, 2008 08:00 Al Secretary of State

Principal Place of Business

644 FOREST LAIR TALLAHASSEE, FL 32312 Mailing Address 644 FOREST LAIR TALLAHASSEE, FL 32312



01062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
20-1025481	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BIST, MICHAEL P 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32308

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the obligat	ons of registered agent.	the first of the second second second
SIGNATURE_		· · · · · · · · · · · · · · · · · · ·
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent	Signature required when reinstating)
After May	NOWIII FEE IS \$138.75 1,2008 Fee will be \$538.75	· 斯斯斯· 斯斯· 斯斯· 斯斯· 斯斯· 斯斯· 斯斯· 斯斯· 斯斯·
9	MANAGING MEMBERS/MANAGERS	
NAME STREET ADDRESS CITY-ST-ZIP	MGR LAZZARINI, RICHARD JR 644 FOREST LAIR TALLAHASSEE, FL 32312	000000833177 02/28/08-80002-015 138.75
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indicated	ertify that the information supplied with this filing does not qualify for the exemption this report is true and accurate and that my signature shall have the same legility company or the receiver of trustee empowered to execute this report as req	ons contained in Chapter 119, Florida Statutes. I further certify that the information tal effect as if made under oath; that I am a managing member or manager of the uired by Chapter 608, Florida Statutes.

IEMBER, OR AUTHORIZED REPRESENTATIVE

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. 1 am familiar with, and accept