2006 LIMITED LIABILITY COMPANY

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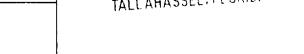
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ANNUAL REPORT DOCUMENT # L04000030367 THE HERRING FARMS, LLC Principal Place of Business Mailing Address 522 SE 897 STREET PO BOX 985 OLD TOWN, FL 32680 OLD TOWN, FL 32680

APPROVIT AND

06 MAY 17 AH 11: 25

SECRETARY OF STALL TALL AHASSEE, FLORIDA



05082006 No Chg-LLC CR2E083 (11/05)

Applied For 4. FEI Number 52-2442976 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

DATE

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if explicable,

HERRING, KIM **522 SE 897 STREET** OLD TOWN, FL 32680

SIGNATURE: _

SIGNATURE.

the obligations of registered agent.

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Date

Davtime Phone #

| Filing Fee is \$50.00 Due by September 6, 2006 | | 500075221835 05/25/0601011004 **1411.25 |
|--|---------------------------|--|
| 9. | MANAGING MEMBERS/MANAGERS | |
| TITLE | MGR | |
| NAME | HERRING, H. DALE | |
| STREET ADDRESS | 522 S.E. 897 STREET | |
| CITY-ST-ZIP | OLD TOWN, FL 32680 | |
| TITLE | MGRM | |
| NAME | HERRING, KIM | |
| STREET ADDRESS | 522 S.E. 897 STREET | |
| CITY-ST-ZIP | OLD TOWN, FL 32680 | |
| TITLE | | |
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| CITY-ST-ZIP | | |
| 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | |

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

(NOTE: Registered Agent signature required when reinstating)