## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 12, 2006 08:00 AM Secretary of State **DOCUMENT # L04000039083** KRAMER FARMS LLC Principal Place of Business Mailing Address 541300 US HIGHWAY 1 541300 US HIGHWAY 1 CALLAHAN, FL 32011-8104 CALLAHAN, FL 32011-8104 03182006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2809335 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KRAMER, DAVID R DO NOT WRITE **541300 US HIGHWAY 1** CALLAHAN, FL 32011-8104 IN THIS SPACE 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 Fiorida. I am lamiliar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Rogistered Agent signature required when nametating) 10000055519 Filing Fee Is \$50.00 Due by May 1, 2006 04/26/06-80119-011 SSLOO 9. MANAGING MEMBERS/MANAGERS MGR TITLE KRAMER, DAVID R NAME STREET ADDRESS 541300 US HWY 1 CITY-ST-ZIP CALLAHAN, FL 32011 MGR TITLE KRAMER, DAVID R JR HAME STREET ADDRESS 541272 US HWY 1 CALLAHAN, FL 32011 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE mte NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filling 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 path; that I am a managing member or manager of the limited liability company exists receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

STREET ADDRESS CITY-SY-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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