

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040598

**FILED**  
**Apr 13, 2005**  
**Secretary of State**

**Entity Name:** TKM-BENGARD FARMS, LLC

**Current Principal Place of Business:**

2305 CYPRESS LANE  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

2305 CYPRESS LANE  
BELLE GLADE, FL 33430

**New Mailing Address:**

P.O. BOX 39  
BELLE GLADE, FL 33430

FEI Number: 20-1162234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BASORE, TOBIN  
2305 CYPRESS LANE  
BELLE GLADE, FL 33430 US

**Name and Address of New Registered Agent:**

BASORE, TOBIN  
P.O. BOX 39  
BELLE GLADE, FL 33430 US

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.

SIGNATURE: TOBIN J. BASORE

04/13/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: BASORE, TOBIN  
Address: 2305 CYPRESS LANE  
City-St-Zip: BELLE GLADE, FL 33430

Title: MGR ( ) Delete  
Name: BENGARD, BARDIN  
Address: 387 WEST MARKET STREET  
City-St-Zip: SALINAS, CA 93901

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BASORE, TOBIN J  
Address: 2305 CYPRESS LANE  
City-St-Zip: BELLE GLADE, FL 33430

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TOBIN J. BASORE

MGR

04/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date