

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044109

Entity Name: S&P FAMILY FARMS, L.L.C.

FILED
Jan 06, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 217
VALPARAISO, FL 32580

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 217
VALPARAISO, FL 32580

New Mailing Address:

FEI Number: 20-1528784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, WILLIAM SCOTT
909 MAR WALT DRIVE, STE. 1014
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SIMS, JOHN C IV
Address: P.O. BOX 217
City-St-Zip: VALPARAISO, FL 32580

Title: MGRM () Delete
Name: SIMS, PAUL GREGORY SR
Address: P.O. BOX 217
City-St-Zip: VALPARAISO, FL 32580

Title: MGRM () Delete
Name: PRICE, STANLEY DAVID
Address: P.O. BOX 217
City-St-Zip: VALPARAISO, FL 32580

ADDITIONS/CHANGES:

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

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

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: JOHN C. SIMS IV

MGRM

01/06/2005

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