2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# L04000044109

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

Current Principal Place of Business:

16044 HWY. 20 W.
NICEVILLE, FL, FL 32578

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PITELL, LISA Y.
4400 E. HWY 20
SUITE 202
NICEVILLE, FL 32580 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/MANAGERS:

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 exemption stated in Chapter 119, 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 05/02/2008

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