

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044142

FILED
Apr 04, 2008
Secretary of State

Entity Name: PUZZLEWOOD FARM, LLC

Current Principal Place of Business:

19314 S CR 325
CROSS CREEK, FL 32460

New Principal Place of Business:

19314 S CR 325
CROSS CREEK, FL 32640 US

Current Mailing Address:

19314 S CR 325
CROSS CREEK, FL 32460

New Mailing Address:

19314 S CR 325
CROSS CREEK, FL 32640 US

FEI Number: 20-1199406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDWARDS, ELIZABETH K
19314 S. CR 325
CROSS CREEK, FL 32460 US

Name and Address of New Registered Agent:

EDWARDS, ELIZABETH K
19314 S. CR 325
CROSS CREEK, FL 32640 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: ELIZABETH K. EDWARDS

04/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EDWARDS, ELIZABETH K
Address: 19314 S. CR 325
City-St-Zip: CROSS CREEK, FL 32460

Title: MGRM () Delete
Name: EDWARDS, L.K. III
Address: 19314 S. CR 325
City-St-Zip: CROSS CREEK, FL 32640

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EDWARDS, ELIZABETH K
Address: 19314 S. CR 325
City-St-Zip: CROSS CREEK, FL 32640

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: ELIZABETH K. EDWARDS

MM

04/04/2008

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