

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000044352

Entity Name: FALLEN OAK FARM, LLC

**FILED**  
**Apr 28, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

12450 N.W. 110TH AVE.  
REDDICK, FL 32686

**New Principal Place of Business:**

5099 N.W. 120TH ST,  
REDDICK, FL 32686

**Current Mailing Address:**

12450 N.W. 110TH AVE  
REDDICK, FL 32686

**New Mailing Address:**

5099 N.W. 120TH ST,  
REDDICK, FL 32686

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

LAMBERTI, THOMAS E  
12450 N.W. 110TH AVE  
REDDICK, FL 326683268 US

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

LAMBERTI, THOMAS E  
5099 N.W. 120TH ST.  
REDDICK, FL 326683268 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:

04/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LAMBERTI, THOMAS E  
Address: 12450 N.W. 110TH AVE  
City-St-Zip: REDDICK, FL 32686

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LAMBERTI, THOMAS E  
Address: 5099 N.W 120TH ST.  
City-St-Zip: REDDICK, FL 32686

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: THOMAS E LAMBERTI

PRES

04/28/2008

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