2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# L04000048058

Entity Name: M.P. FARMERS L.L.C.

Current Principal Place of Business:

4608 ATWOOD DR
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

4608 ATWOOD DR
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 30-0260807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRIEST, ROLLIN E
4608 ATWOOD DR
ORLANDO, FL 32828 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: P ( ) Delete
Name: MOELLER, LOIS L
Address: 4608 ATWOOD DR
City-St-Zip: ORLANDO, FL 32828

Title: S ( ) Delete
Name: PRIEST, ROLLIN E
Address: 4608 ATWOOD DR
City-St-Zip: ORLANDO, FL 32828 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: S ( ) Change (X) Addition
Name: PRIEST, ROLLIN E
Address: 4608 ATWOOD DR.
City-St-Zip: ORLANDO,, FL 32828

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: ROLLIN E. PRIEST S 04/05/2009

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