


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90095 041 \*\*\*\*55.00

<b>DOCUMENT # L04000050700</b> 1. Entity Name <b>EVERETT FARM, LLC</b>					
Principal Place of Business <b>2806 POINTER PLACE</b> <b>SEFFNER, FL 33584</b>			Mailing Address <b>2806 POINTER PLACE</b> <b>SEFFNER, FL 33584</b>		
2. Principal Place of Business <b>2806 POINTER PL</b>		3. Mailing Address <b>2806 POINTER PLACE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>SEFFNER FL</b>		City & State <b>SEFFNER, FL</b>			
Zip <b>33584</b>	Country <b>USA</b>	Zip <b>33584</b>	Country <b>USA</b>	4. FEI Number 03232005 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HINES, JAMES P</b> <b>315 S HYDE PARK AVE</b> <b>TAMPA, FL 33606</b>			7. Name and Address of New Registered Agent Name <b>Veronica Everett</b> Street Address (P.O. Box Number is Not Acceptable) <b>2806 POINTER PLACE</b> City <b>SEFFNER FL</b> Zip Code <b>33584</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Veronica Everett</i></u> DATE <b>4/29/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER MGR</b> <b>VERONICA EVERETT</b> <b>2806 POINTER PLACE</b> <b>SEFFNER, FL 33584</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Veronica Everett</i></u>			Date <b>4/29/05</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		

20051000



813-273-9416

813-505-0474 cell