

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054967

FILED
May 01, 2006
Secretary of State

Entity Name: NATURE'S WAY AQUATIC FARM, LLC

Current Principal Place of Business:

4899 SW HWY 72
ARCADIA, FL 34266 US

New Principal Place of Business:

4899 NW HWY 72
ARCADIA, FL 34266 US

Current Mailing Address:

907 GARLAND AVE
NOKOMIS, FL 34275 US

New Mailing Address:

4899 NW HWY 72
ARCADIA, FL 34266 US

FEI Number: 61-1475475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

GAREY-ROY, DEEANN
907 GARLAND AVE
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

GAREY-ROY, DEEANN R VP
4899 NW HWY 72
ARCADIA, FL 34266 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: DEEANN R. GAREY-ROY

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROY, GREGORY J
Address: 907 GARLAND AVE
City-St-Zip: NOKOMIS, FL 34275 US

Title: MGR () Delete
Name: GAREY-ROY, DEEANN R
Address: 907 GARLAND AVE
City-St-Zip: NOKOMIS, FL 34275 US

Title: MGR (X) Delete
Name: HOGARTY, C S
Address: 907 GARLAND AVE
City-St-Zip: NOKOMIS, FL 34275 US

Title: MGR (X) Delete
Name: HERRIN, TIMOTHY A
Address: 907 GARLAND AVE
City-St-Zip: NOKOMIS, FL 34275 US

Title: MGR (X) Delete
Name: DENNIS, MARK A
Address: 907 GARLAND AVE
City-St-Zip: NOKOMIS, FL 34275 US

Title: MGR (X) Delete
Name: DUETSCH, PERRY
Address: 907 GARLAND AVE
City-St-Zip: NOKOMIS, FL 34275 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROY, GREGORY J PRES
Address: 4899 NW HWY 72
City-St-Zip: ARCADIA, FL 34266 US

Title: MGR (X) Change () Addition
Name: GAREY-ROY, DEEANN R VP
Address: 4899 NW HWY 72
City-St-Zip: ARCADIA, FL 34266 US

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

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 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: DEEANN R GAREY-ROY

VP

05/01/2006

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