2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000079658

1. Entity Name

SEMINOLE COUNTY FARMS, LLC



FILED
-Jan 09, 2006 08:00 AN
Secretary of State

Principal Place of Business

1031 W. MORSE BLVD., SUITE 325 WINTER PARK, FL 32789 Mailing Address

1031 W. MORSE BLVD., SUITE 325 WINTER PARK, FL 32789



01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JENNINGS, DEAN K 1031 W. MORSE BLVD., SUITE 325 WINTER PARK, FL 32789

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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	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when refrestating)	DATE	
Fi	ling Fee is \$50.00 ue by May 1, 2006			
9,	MANAGING MEMBÉRS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JENNINGS, DEAN K 1031 W. MORSE BLVD., SUITE 325 WINTER PARK, FL 32789		. Herestoger. Po	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			01/11/06-80019-024 S0.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 manager of the secure this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-5-06

Daytime Phone #