
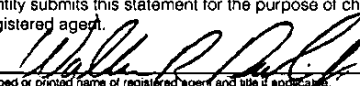



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90306 032 ****50.00

DOCUMENT # L04000080390 1. Entity Name ROSCOE FARMS, LLC			
Principal Place of Business 1548 THE GREENS WAY SUITE 3 JACKSONVILLE BEACH, FL 32250		Mailing Address 1548 THE GREENS WAY SUITE 3 JACKSONVILLE BEACH, FL 32250	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250		1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250	
4. FEI Number 26-4839819		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCUE, EDWARD R JR. 1548 THE GREENS WAY SUITE 3 JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name Street Address (P.O. Box, Apt., etc.) 1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250 Zip Code	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT DEVLIN, JR., WALLACE R. 1548 THE GREENS WAY, SUITE 3 JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250
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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11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4/19/07	Daytime Phone # 904.543.0086