2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 04, 2007 8:00 am Secretary of State 05-04-2007 90306 032 ****50.00

DOCUMENT # L0400080390 1. Entity Name ROSCOE FARMS, LLC							05-04-2007 90306 032 ****50.00				
Principal Place of Business Mailing Address				•				Annaka.	19		
1548 THE GREENS WAY Suite 3			1548 THE GREENS WAY Suite 3								
JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL				FL 322	250			sem eren sein sem sem			1881 (II) 1981
2. Principal P	Place of Business - No P.O. Bo)× #	3. Mailing Address								
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				e Greens Way, Suite 6			I Numbe 6-483 9			⊢ + -	pplied For at Applicable
- Jacksonvi	lle Beach, FL 32250		- Jacksonville Beach,	, FL 3:	2250			of Status Desired	ū	\$5.00 Add	fitional
	6. Name and Address of	Current R	egistered Agent			7. Na	ame and	Address of New Ro	egistered	Agent	
MCCUE. E	DWARD R JR.				Name						
1548 THE	GREENS WAY				- 1548 The Greens Way, Suite 6						
SUITE.3.= JACKSON	SS IVILLE BEACH, FL 322	50				ne Greens Inville Bea				•	
					_ Jackst	mvine bea	C11, 1 L	32230		Zip Code	8
8 The above	named entity submits this star	tement for t	the purpose of changing its	register	ed office or	registered age	ot or bot	h in the State of Flo	rida Lam	familiae véth	and accont
the obligat	tions of registered agent.	0110111011		ogrator	ad Onice Or I	registorot ago	nic, or bou	n, in the State of Fio	ilua. Tali	namear will,	and accept
SIGNATURE .	Malle	//									
	Signature, typed or printed frame of regis	lered agent an	d title if applicable. (NOTE	: Registere	d Agent signatur	re required when rein	stating)		DATE		
	iling Fee is \$50.00 ue by May 1, 2007	libred agent an	dube approximate. (NOTE	: Registere	d Agent signatur	re required when rein	stating)		check	payable to nent of State	- <u></u>
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9.	iling Fee is \$50.00 ue by May 1, 2007 MANAGING	S MEMBER		10.		re required when rein	stating)	Florida	e check Departm	nent of State	₽ ☐ 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.

4/19/01