2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# L04000089526

Entity Name: TRIPLE D FARM, LLC

Current Principal Place of Business:

1509 MARYLAND AVENUE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

1509 MARYLAND AVENUE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 14-1918879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINGLETARY, EMORY R III
1509 MARYLAND AVENUE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SINGLETARY, EMORY R III
Address: 1509 MARYLAND AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM ( ) Delete
Name: LEWIS, JOHN W
Address: 2802 WHISPERWOOD LANE
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES:

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 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: EMORY SINGLETARY MGR 03/31/2008

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