2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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DOCUMENT # L04000092690

1. Entity Name

3 J FARMS LLC



Principal Place of Business

Mailing Address

5833 VICTORY ROAD BASCOM, FL 32423 **5833 VICTORY ROAD** US BASCOM, FL 32423

FILED Apr 04, 2007 08:00 A Secretary of State



04022007 No Chg-LLC

CR2E083 (11/05)

FEI Number		Applied For
20-2040476		Not Applicable
5. Certificate of Status E	Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN, JORDAN **5833 VICTORY ROAD** BASCOM, FL 32423

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	e named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered office or registered agent, or both, in the	e State of Florida. I am familiar with, and accept	
SIGNATURE.				
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
D	lling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		•	
TITLE	MGR			
NAME	JORDAN, JOHN P			
STREET ADDRESS	5833 VICTORY ROAD			

CITY-ST-ZIP BASCOM, FL 32423 MGR TITLE JORDAN, STEPHEN A STREET ADDRESS 5631 LINE ROAD CITY-ST-ZIP BASCOM, FL 32423 MGR TITLE NAME JORDAN, MICHAEL D 5635 LINE ROAD STREET ADDRESS CITY-ST-ZIP BASCOM, FL 32423 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

U00000689719 04/11/07-80046-008 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions cantained 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 agait 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.

SI	G	N.	A.	Γι	JF	₹E	

NAME STREET ADDRESS CITY-ST-ZIP

TATIVE

Daytime Phone #