


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000002451 1. Entity Name LOOP FARMS, LLC	
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Principal Place of Business 8423 STATE ROAD 674 WIMAUMA, FL 33598	Mailing Address 8423 STATE ROAD 674 WIMAUMA, FL 33598
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2144246	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SIZEMORE, JACK P JR 8423 STATE ROAD 674 WIMAUMA, FL 33598
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**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000815868
02/14/08-80026-015 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROUGHTON, OLIVER DEAN 8423 STATE ROAD 674 WIMAUMA, FL 33598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIZEMORE, JACK P JR 8423 STATE ROAD 674 WIMAUMA, FL 33598
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IN THIS SPACE**

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:

Jack Sizemore Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-1-08

Date

813-716-2914

Daytime Phone #