

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90015 021 \*\*\*\*50.00

|  |   |         |   |   |  |
|--|---|---------|---|---|--|
| <b>DOCUMENT # L05000013927</b><br>1. Entity Name<br><b>HATCHER FARMS, L.L.C.</b>   |   |         |   |   |  |
| Principal Place of Business<br><b>18811 SE 243RD ST<br/>HAWTHORNE, FL 32640</b>  |   |         | Mailing Address<br><b>18811 SE 243RD ST<br/>HAWTHORNE, FL 32640</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |         | 3. Mailing Address<br>Suite, Apt. #, etc.                           |   |  |
| City & State   |   |         | City & State  |   |  |
| Zip  |   | Country |   | Zip   |  |
| Country  |   | Country |   | 4. FEI Number <b>36-4568171</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |         |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HATCHER, DUANE E<br/>18811 SE 243RD ST<br/>HAWTHORNE, FL 32640</b>   |   |         |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |   |         |   | \$5.00 Additional Fee Required  |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |         |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   |         | <b>Make check payable to<br/>Florida Department of State</b>        |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |         | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>HATCHER, KIMBERLY D<br/>18811 SE 243RD ST<br/>HAWTHORNE, FL 32640</b> |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |   |         |   |   |  |
| <b>SIGNATURE:</b> <i>Kimberly Hatcher</i>  |   |         | 4/9/06 352-481-6046   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |         | <small>Date Daytime Phone #</small>                                 |   |  |