2008 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 02, 2008 08:00 Al Secretary of State **DOCUMENT # L05000029138 BIG LEAGUE FARMS, LLC** Mailing Address Principal Place of Business 209 BAYWIND DRIVE 209 BAYWIND DRIVE NICEVILLE, FL 32578 NICEVILLE, FL 32578 01252008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2552193 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PLEAT, DAVID B 4477 LEGENDARY DRIVE **SUITE 202** IN THIS SPACE DESTIN, FL 32541 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 Fiorida. 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 000000878837 -04714708-80068 013 SSS 00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE BURKE, JOHN T JR. NAME 209 BAYWIND DRIVE STREET ADDRESS CITY-ST-ZIP NICEVILLE, FL 32578 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 cath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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