

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032025

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: THE FARM, LLC

**Current Principal Place of Business:**

17724 W. COLONIAL DRIVE  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

17724 W. COLONIAL DRIVE  
WINTER GARDEN, FL 34787

**New Mailing Address:**

FEI Number: 20-2602227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENNETT, BARBARA A  
17724 W. COLONIAL DRIVE  
WINTER GARDEN, FL 34787 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: BENNETT, RANDLE L JR  
Address: 17724 W. COLONIAL DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM ( ) Delete  
Name: BENNETT, BARBARA A  
Address: 17724 W. COLONIAL DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BENNETT, BARBARA A  
Address: 17724 W. COLONIAL DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM (X) Change ( ) Addition  
Name: BENNETT JR, RANDLE L  
Address: 17724 W. COLONIAL DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA A. BENNETT

MGRM

04/11/2007

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