
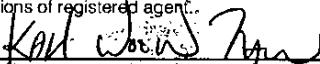
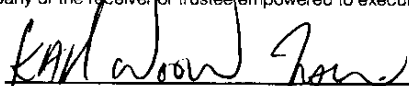


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90153 024 ***138.75

DOCUMENT # L05000036861					
1. Entity Name CHIEFLAND FARM & NURSERY LLC					
Principal Place of Business 7470 NW 110TH ST CHIEFLAND, FL 32626 US			Mailing Address 7470 NW 110TH ST CHIEFLAND, FL 32626 US		
2. Principal Place of Business - No P.O. Box # 15251 NW 30 th AVE.		3. Mailing Address HO BUSINESS COUNSELING SERVICES, Suite, Apt. #, etc. PO Box 1807			
City & State TAFTON FL		City & State OCALA FL		INC 03212008 Chg-LLC CR2E083 (12/06)	
Zip 32693	Country	Zip 34478	Country	4. FEI Number 16-1724629-20-2840496	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TAN, KAH WOON 7470 NW 110TH ST CHIEFLAND, FL 32626			7. Name and Address of New Registered Agent Name TAN, KAH WOON Street Address (P.O. Box Number is Not Acceptable) 2030 N. YOUNG BLVD City CHIEFLAND FL Zip Code 32626		
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 			KAH WOON TAN		
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TAN, KAH WOON 7470 NW 110TH ST CHIEFLAND, FL 32626	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2030 N. YOUNG BLVD CHIEFLAND, FL 32626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS 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.					
SIGNATURE: 			KAH WOON TAN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
			Daytime Phone #		