

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044789

FILED
May 04, 2007
Secretary of State

Entity Name: FULL CIRCLE FARM OF MELROSE LLC

Current Principal Place of Business:

23328 NE 35TH AVENUE
MELROSE, FL 32666 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1970
MELROSE, FL 32666 US

New Mailing Address:

FEI Number: 20-2794492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WAITE, BRUCE C
23328 NE 35TH AVENUE
MELROSE, FL 32666 US

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: WAITE, BRUCE C
Address: 23328 NE 35TH AVENUE
City-St-Zip: MELROSE, FL 32666 US

Title: MGRM () Delete
Name: WAITE, GWEN A
Address: 23328 NE 35TH AVENUE
City-St-Zip: MELROSE, FL 32666 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GWEN WAITE

MGR

05/04/2007

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