

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049127

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: TAMAGNI FARMS FLORIDA L.L.C.

**Current Principal Place of Business:**

1375 GATEWAY BLVD  
BOYNTON BEACH, FL 33426 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7398  
SPRECKELS, CA 93962

**New Mailing Address:**

FEI Number: 20-3594073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DOWNEY, MARGHERITA ESQUIRE  
9777 NICKELS BLVD. #701  
BOYNTON BEACH, FL 33436 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: TAMAGNI, JOHN D  
Address: 150 HITCHCOCK ROAD  
City-St-Zip: SALINAS, CA 93908 US

Title: MGRM ( ) Delete  
Name: TAMAGNI, JAMES S  
Address: 25447 LARKSPUR COURT  
City-St-Zip: SALINAS, CA 93908

Title: MGRM ( ) Delete  
Name: TAMAGNI, RICHARD J  
Address: 22313 BERRY DRIVE  
City-St-Zip: SALINAS, CA 93908

**ADDITIONS/CHANGES:**

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

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: JOHN D. TAMAGNI

MGRM

01/29/2009

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