


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 25, 2007 8:00 am
Secretary of State

05-25-2007 90199 035 ****50.00

DOCUMENT # L05000049764 1. Entity Name SYLVESTER FARMS, LLC	
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Principal Place of Business C/O PHILIP S. AXELBAND 8856 HOLLY OAK LANE JUPITER, FL 33478	Mailing Address C/O PHILIP S. AXELBAND 8856 HOLLY OAK LANE JUPITER, FL 33478
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30011187



DO NOT WRITE IN THIS SPACE

05202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 36-4575144	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent AXELBAND, PHILIP S 8856 HOLLY OAK LANE JUPITER, FL 33478

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IN THIS SPACE**

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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AXELBAND, PHILIP AXELBAND 8856 HOLLY OAK LN JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVER, GEORGE 4961 BLOAD STONE CIR WEST PALM BEACH, FL 33417
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

