

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000049764

1. Entity Name
SYLVESTER FARMS, LLC



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**



02072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4575144

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AXELBAND, PHILIP S
8856 HOLLY OAK LANE
JUPITER, FL 33478**

**DO NOT WRITE
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000290492
04/22/08-80095-023 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AXELBAND, PHILIP 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	

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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.

Philip S. Axelband

April 6 2008