

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049764

Entity Name: SYLVESTER FARMS, LLC

FILED  
Feb 11, 2009  
Secretary of State

## Current Principal Place of Business:

C/O PHILIP S. AXELBAND  
8856 HOLLY OAK LANE  
JUPITER, FL 33478

## New Principal Place of Business:

## Current Mailing Address:

C/O PHILIP S. AXELBAND  
8856 HOLLY OAK LANE  
JUPITER, FL 33478

## New Mailing Address:

FEI Number: 36-4575144

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AXELBAND, PHILIP S  
8856 HOLLY OAK LANE  
JUPITER, FL 33478 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: AXELBAND, PHILIP  
Address: 8856 HOLLY OAK LN  
City-St-Zip: JUPITER, FL 33478  
  
Title: MGRM ( ) Delete  
Name: OLIVER, GEORGE  
Address: 4961 BLOAD STONE CIR  
City-St-Zip: WEST PALM BEACH, FL 33417

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: AXELBAND, PHILIP MGRM  
Address: 8856 HOLLY OAK LN  
City-St-Zip: JUPITER, FL 33478  
  
Title: MGRM (X) Change ( ) Addition  
Name: OLIVER, GEORGE MGRM  
Address: 4961 BLOAD STONE CIR  
City-St-Zip: WEST PALM BEACH, FL 33417

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: PHILIP S AXELBAND

MGRM

02/11/2009

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