2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# L05000049958

Entity Name: STEADFAST FARM, LLC

Current Principal Place of Business:

8475 NW 60TH AVE
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

8475 NW 60TH AVE
OCALA, FL 34482

New Mailing Address:

FEI Number: 56-2522709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

DODD, TIM
8427 N.W. 60TH AVE
OCALA, FL 34482 US

Name and Address of New Registered Agent:

DODD, TIM
8475 N.W. 60TH AVE
OCALA, FL 34482 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: TIM DODD 05/02/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DODD, TIM
Address: 8475 NW 60TH AVE
City-St-Zip: OCALA, FL 34482

Title: MGRM ( ) Delete
Name: DODD, RENEE
Address: 8475 NW 60TH AVE
City-St-Zip: OCALA, FL 34482

Title: MGRM ( ) Delete
Name: DODD, OLIVIA
Address: 8475 NW 60TH AVE
City-St-Zip: OCALA, FL 34482

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: TIM DODD MGR 05/02/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date