

**-2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L05000054068

1. Entity Name
GRASSY RIDGE FARM, LLC



Principal Place of Business
**5450 HANCOCK ROAD
SOUTHWEST RANCHES, FL 33330**

Mailing Address
**5450 HANCOCK ROAD
SOUTHWEST RANCHES, FL 33330**



02092007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1676136

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ENGSTROM, KIRK E MGRM
5450 HANCOCK ROAD
SOUTHWEST RANCHES, FL 33330**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENGSTROM, KIRK E 5450 HANCOCK ROAD SOUTHWEST RANCHES, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENGSTROM, MARY JO 5450 HANCOCK ROAD SOUTHWEST RANCHES, FL 33330
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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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date **4/2/07** Daytime Phone # **954 434-5687**