

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 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
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**DO NOT WRITE IN THIS SPACE**



03212008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 42-1676136	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and state if applicable (NOTE: Registered Agent signature required when reinstating)

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

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000871640  
 04/10/08-800005-016 138.75

**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.

**SIGNATURE:** *Kirk Engstrom*      **Kirk Engstrom**      3/19/08      954 434-5687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #