


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90133 010 ***138.75

DOCUMENT # L05000055419 1. Entity Name CSHELL FARMS, LLC																																					
Principal Place of Business 2723 RAVELLA WAY PALM BEACH GARDENS, FL 33410			Mailing Address 2723 RAVELLA WAY PALM BEACH GARDENS, FL 33410																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																			
City & State Zip Country		City & State Zip Country																																			
4. FEI Number 20-2971896				Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required																																	
6. Name and Address of Current Registered Agent SCHWARTZ, SHELLY 14609 DRAFT HORSE LANE WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name Shelly Wald Street Address (P.O. Box Number is Not Acceptable) 2723 Ravella Way City Palm Beach Gardens FL Zip Code 33410																																		
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 <i>Shelly Wald</i> 1-27-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MGR SCHWARTZ, SHELLY 14609 DRAFT HORSE LANE WELLINGTON, FL 33414 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHWARTZ, SHELLY 14609 DRAFT HORSE LANE WELLINGTON, FL 33414 <input type="checkbox"/> Delete															10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MGR Wald, Shelly 2723 Ravella Way Palm Beach Gardens FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Wald, Shelly 2723 Ravella Way Palm Beach Gardens FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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: <i>Shelly Wald</i> 1-27-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																					