2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

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Entity Name: SANDY CREEK FARMS LLC

Current Principal Place of Business:

215 SHADY CREEK LANE
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

Current Mailing Address:

ARNETT LAW OFFICE, P.L.
3197 US HIGHWAY 98 WEST
SANTA ROSA BEACH, FL 32459

New Mailing Address:

ARNETT LAW OFFICE, P.L.
600 GRAND BOULEVARD, SUITE 206
MIRAMAR BEACH, FL 32550

FEI Number: 26-1935029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARNETT, KAREN L
ARNETT LAW OFFICE, P.L.
3197 US HIGHWAY 98 WEST
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

ARNETT, KAREN L
ARNETT LAW OFFICE, P.L.
600 GRAND BOULEVARD, SUITE 206
MIRAMAR BEACH, FL 32550 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: 04/14/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ANDERSON, JAMES F
Address: 215 SHADY CREEK LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MRM ( ) Change (X) Addition
Name: ANDERSON, SHARON S
Address: 215 SHADY CREEK LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: MRM ( ) Change (X) Addition
Name: ANDERSON, THOMAS Q
Address: 215 SHADY CREEK LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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: /JAMES F. ANDERSON/ MGRM 04/14/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date