

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 07, 2006 8:00 am
Secretary of State

05-04-2006 90174 001 ***150.00

DOCUMENT # L05000068745 1. Entity Name CASS COUNTY FARM, LLC			
Principal Place of Business 8211 WEST BROWARD BOULEVARD, SUITE 230 PLANTATION, FL 33324		Mailing Address 8211 WEST BROWARD BOULEVARD, SUITE 230 PLANTATION, FL 33324	
2. Principal Place of Business 8211 W. Broward Blvd. PH2 Plantation, FL 33324		3. Mailing Address 8211 W. Broward Blvd. PH2 Plantation, FL 33324	
4. FFL Number 20-4072599		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 DANIELS, NICHOLAS M ESQUIRE THERREL BAISDEN, P.A./SUNTRUST INTL CENTER ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name 8211 W. Broward Blvd. Street PH2 City Plantation, FL 33324 Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Peter C Gardner</i>		Date 4-20-06 Daytime Phone 954 727 9335	