2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000073627

1: Entity Name

SÉVEN RIVERS FARMS, LLC



FILED May 02, 2007 08:00 A Secretary of State

Principal Place of Business

9124 GALLUP CIRCLE SPRING HILL, FL 34608 Mailing Address

9124 GALLUP CIRCLE Spring Hill, FL 34608



DO NOT WRITE IN THIS SPACE

03122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3216351 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

PASTORE, JOSEPH 9124 GALLUP CIRCLE SPRING HILL, FL 34608

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.	
SI	GNATURE	

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007 U00000757804 05/23/07-80080-009 50.00

DATE

9. MANAGING MEMBERS/MANAGERS MGR TITLE MAZZUCO, JOSEPH JR NAME STREET ADDRESS 10373 RAMBLE RIDGE COURT WEEKI WACHEE, FL 34607 CITY-ST-ZIP TITLE MGR PASTORE, JOSEPH NAME STREET ADDRESS 9124 GALLUP CIR CITY-ST-ZIP SPRING HILL, FL 34608 TITLE NAME STREET ADDRESS CITY-ST-ZIP IME NAME STREET ADDRESS CITY-ST-ZIP TRLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing toes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accordate 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 receipt or trusted employed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Joseph Paster

MGR 4-270

7 <u>683-568</u>2

Date