

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086648

Entity Name: BRADFORD FARMS, LLC

FILED  
Mar 08, 2006  
Secretary of State

**Current Principal Place of Business:**

4835 SW 101ST LANE  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

4835 SW 101ST LANE  
OCALA, FL 34476

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERT, STERMER A  
7763 SW HWY. 200  
OCALA, FL 34476 US

**Name and Address of New Registered Agent:**

FISCHER, STEVEN  
300 S. PINE ISLAND ROAD, #110  
PLANTATION, FL 33324 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: STEVEN FISCHER

03/08/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FIRST SOUTHERN TRUST,  
Address: 4835 SW 101ST LANE  
City-St-Zip: OCALA, FL 34476

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

**ADDITIONS/CHANGES:**

Title: M (X) Change ( ) Addition  
Name: FIRST SOUTHERN TRUST,  
Address: 4835 SW 101ST LANE  
City-St-Zip: OCALA, FL 34476

Title: MGRM ( ) Change (X) Addition  
Name: BRADFORD EXECUTIVE H, OLDINGS, LLC  
Address: 300 S. PINE ISLAND ROAD, #110  
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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: BRADFORD EXECUTIVE HOLDINGS, LLC

MGR

03/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date