2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State
04-24-2006 90047 024 ****55.00

DOCUMENT # L05000087784

1. Entity Name
SILVER MOSS FARM LLC

Principal Place of Business	Mailing Address
6113 TRISH COURT JACKSONVILLE, FL 32205	6113 TRISH COURT JACKSONVILLE, FL 32205

04192006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-3576335 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUI, TRI M 6113 TRISH COURT JACKSONVILLE, FL 32205	Name Street Address (P.O. Box Number Is Not Acceptable) City FL 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	MGR BUI, TRI M 6113 TRISH COURT JACKSONVILLE, FL 32205	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NGUYEN, MINH T 6113 TRISH COURT JACKSONVILLE, FL 32205	[X] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NGUYEN, MINH T 14404 NE 31ST STREET # K-308 BELLEVUE, WA 98007	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] 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: [signature] TRI MINH BUI MGR 04/19/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #

ATTACHMENT
3006797
#-05000087784

INTERNAL REVENUE SERVICE
BROOKHAVEN IRS CAMPUS
PO BOX 9003
HOLTSVILLE, NY 11742
FAX: (631) 687-3990
PHONE: 1-800-829-4933

IRS Employee # 0134742213

Team # 305

Date: October 6, 2005

Request for Missing Information to Validate Internet EIN

To: Tri Minh Bui

Fax: (000)000-0000 EIN: 20-3576335

We are returning your Internet Form SS-4 (Application for an Employer Identification Number) because we need more information. Please complete the missing information indicated below and send the original documents to us at the address above or fax them to fax number listed above within ten days. In case we need further information, please provide us with your telephone number and the best hours to contact you. Please do not attempt to correct or re-submit the application through the on-line SS-4 Program.

Telephone:( )904 - 786 - 8238 **Fax:(**) 904 - 786 - 7612

Hours Available: 8am - 5pm

PLEASE NOTE:

IMPORTANT: In order to validate your Internet EIN we will need you to supply us with the information indicated below along with the completed Form SS-4. Please include this coversheet and FAX them to the fax number listed above or mail them to the address above within ten days. Please note that your Internet EIN will not be valid for any purpose until the requested information is received.

Line 1 should indicate the full corporate name as shown on the Certificate of Incorporation received from the state. Please correct the name and return the Form SS-4 to us for processing.

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone, and return the communication to the address above via the United States Postal Service. Thank you.

ATTACHMENT
2006 Tax
#L0560D0087784

Form **SS-4**
(REV. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN 20-3576335

03212 10/05/2005

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested.
SILVER MOSS FARM LLC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
6113 TRISH COURT

5a Street address (if different) (Do not enter a P.O. box)

4b City, state, and ZIP code
JACKSONVILLE, FL 32205-6134

5b City, state, and ZIP code

6 County and state where principal business is located.
DUVAL FL

7a Name of principal officer, general partner, grantor, owner, or trustor
TRI MINH BUI

7b SSN, ITIN, or EIN
515-08-4047

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☒ Corporation (enter form number to be filed) ▶ 8832 Multi-owner
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name of state or foreign country (if applicable) where incorporated | State: FL | Foreign country:

9 Reason for applying (check only one box)

- ☒ Started new business (specify type) ▶ FARMING
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) 03/21/2005

11 Closing month of accounting year 12

12 First date wages or annuities were paid or will be paid (month, day, year) Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (month, day, year) ▶ 11/01/2005

13 Enter highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "-0-".* ▶

Agricultural	Household	Other
4	0	0

14 Check one box that best describes the principal activity of your business.

- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Accommodation & food service
- ☐ Wholesale-agent/broker
- ☐ Wholesale-other
- ☐ Retail
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☒ Other (specify) FARMING

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
ORIENTAL VEGETABLES

16a Has the applicant ever applied for an employer identification number for this or any other business ☐ Yes ☒ No
Note: *If "Yes" please complete lines 16b and 16c.*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶
Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City & state where filed | Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.
Designee's name | Designee's telephone number (incl. area code) ( ) -
Address and Zip Code | Designee's fax number (include area code) ( ) -

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ TRI MINH BUI

Applicant's telephone number (incl. area code) ( ) -

Signature ▶ [signature] Date ▶ 10/05/2005

Applicant's fax number (include area code) ( ) -