

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2006 8:00 am
Secretary of State

08-10-2006 90041 021 ****50.00

DOCUMENT # L05000093621					
1. Entity Name EMPORIA FARMS, LLC					
Principal Place of Business 345 RICAMAR ROAD PIERSON, FL 32180			Mailing Address 345 RICAMAR ROAD PIERSON, FL 32180		
2. Principal Place of Business 980 Blackburn Road Suite, Apt. #, etc.		3. Mailing Address P.O. Box 749 Suite, Apt. #, etc.			
City & State Pierson, FL		City & State Pierson, FL		4. Filing Number 20-3523032	
Zip 32180		Country Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ASTRID DE PARRY, P. A. 107 EAST CHURCH STREET DELAND, FL 32724			7. Name and Address of New Registered Agent Name: Anthony M. Lombardy Street Address (P.O. Box Number is Not Acceptable): 980 Blackburn Road City: Pierson FL Zip Code: 32180		
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: 8/1/2006 <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 September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Owner Anthony M Lombardy 251 Vaughns Gap Road Nashville, TN 37205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:			Anthony M. Lombardy, Owner		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 8/1/2006 Daytime Phone #: 386-749-2837		