2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000093621

1. Entity Name
EMPORIA FARMS, LLC

Principal Place of Business	Mailing Address
980 BLACKBURN RD. PIERSON, FL 32180	PO BOX 749 PIERSON, FL 32180

DO NOT WRITE IN THIS SPACE

07022007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-3523032	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LOMBARDY, ANTHONY M
980 BLACKBURN RD.
PIERSON, FL 32180

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by September 14, 2007

U00000772926
08/28/07--80005-012 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	LOMBARDY, ANTHONY M
STREET ADDRESS	251 VAUGHNS GAP RD.
CITY-ST-ZIP	NASHVILLE, TN 37205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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 Lombardy_   8/24/07   386-749-2837

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