

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094549

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: NORTH STAR FARM, LLC

**Current Principal Place of Business:**

2433 COUNTY ROAD 673  
BUSHNELL, FL 33513 US

**New Principal Place of Business:**

**Current Mailing Address:**

2433 COUNTY ROAD 673  
BUSHNELL, FL 33513 US

**New Mailing Address:**

FEI Number: 20-3947070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEBER, DIANE L MGRM  
2433 COUNTY ROAD 673  
BUSHNELL, FL 33513 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WEBER, DIANE L MANAGER  
Address: 2433 COUNTY ROAD 673  
City-St-Zip: BUSHNELL, FL 33513 US

Title: MGRM ( ) Delete  
Name: REDOS, AARON D MEMBER  
Address: 2433 COUNTY ROAD 673  
City-St-Zip: BUSHNELL, FL 33513

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WEBER, DIANE L  
Address: 2433 COUNTY ROAD 673  
City-St-Zip: BUSHNELL, FL 33513 US

Title: MGRM (X) Change ( ) Addition  
Name: REDOS, AARON D  
Address: 2433 COUNTY ROAD 673  
City-St-Zip: BUSHNELL, FL 33513

I hereby certify that the information supplied with this filing does not qualify 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: DIANE L WEBER

MGRM

04/23/2009

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