


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90058 033 ****50.00

DOCUMENT # L05000096424 1. Entity Name C & E FARM, LLC			
Principal Place of Business 4080 WETHERBEE ROAD ORLANDO, FL 32824-8847		Mailing Address 4080 WETHERBEE ROAD ORLANDO, FL 32824-8847	
2. Principal Place of Business - No P.O. Box # 1671 Blueberry Drive Suite, Apt. #, etc.		3. Mailing Address 1671 Blueberry Drive Suite, Apt. #, etc.	
City & State Sneads, Florida Zip 32460 Country		City & State Sneads, Florida Zip 32460 Country	
4. FEI Number 20-3597752		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAM N ASMA PA 884 SOUTH DILLARD STREET WINTER GARDEN, FL 34787		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YATES, KATHIE E 4080 WETHERBEE ROAD ORLANDO, FL 328248847	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Yates, Kathie E 1671 Blueberry Drive Sneads, Florida 32460
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YATES, GLENN L 4080 WETHERBEE ROAD ORLANDO, FL 328248847	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Yates, Glen L. 1671 Blueberry Drive Sneads, Florida 32460
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Kathie E. Yates</i> Kathie E. Yates MGR		Date JAN. 09, 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # 850-593-6102	