2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000096424

1. Entity Name
C & E FARM , LLC

Principal Place of Business	Mailing Address
1671 BLUEBERRY DRIVE SNEADS, FL 32460	1671 BLUEBERRY DRIVE SNEADS, FL 32460

DO NOT WRITE IN THIS SPACE

02112008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-3597752	Not Applicable

5. Certificate of Status Desired ☐   **$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

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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000829036
02/26/08-80026-003 138.75

9.	MANAGING MEMBERS / MANAGERS
TITLE	MGR
NAME	YATES, KATHIE E
STREET ADDRESS	1671 BLUEBERRY DRIVE
CITY-ST-ZIP	SNEADS, FL 32460
TITLE	MGR
NAME	YATES, GLEN L
STREET ADDRESS	1671 BLUEBERRY DRIVE
CITY-ST-ZIP	SNEADS, FL 32460
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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.

Kathie E. Yates, Manager

SIGNATURE: _Kathie E. Yates, Manager_   02-13-08   850-593-6102

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