

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098093

FILED
Apr 29, 2008
Secretary of State

Entity Name: SACRAMENTO FARMS, LLC

Current Principal Place of Business:

104 CRANDON BLVD.
SUITE 420
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-4003651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYER, JAMES M
701 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131 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: FOGACA DE AGUIAR, ANA LUCRECIA
Address: 701 BRICKELL AVENUE, SUITE 1400
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: DE AGUIAR, SEBASTIAO F
Address: 701 BRICKELL AVENUE, SUITE 1400
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FOGACA DE AGUIAR, ANA LUCRECIA
Address: C/O 701 BRICKELL AVENUE, SUITE 1400
City-St-Zip: MIAMI, FL 33131

Title: MGRM (X) Change () Addition
Name: DE AGUIAR, SEBASTIAO F
Address: C/O 701 BRICKELL AVENUE, SUITE 1400
City-St-Zip: MIAMI, FL 33131

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: ANA LUCRECIA FOGACA DE AGUIAR MGMR 04/29/2008

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