## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # L05000119071  1. Entity Name DAISY FARMS, LLC					04-17-2006 90034 007 ****55.00				
Principal Place of Business Mailing Address 1507 REGENTS PARK ROAD 1507 REGENTS PARK R EVANSVILLE, IN 47710 EVANSVILLE, IN 47710						F00003	A.1		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02142006	Chg-LLC	CR2E08	3 (11/05)		
City & State		City & State		4. FEI Number 37 - 15	19783			plied For t Applicable	
Zip	Country Zip Cou		Country	y	5. Certificate of Status Desired \$5.00 Additional Fee Required				
-	6. Name and Address of Current	Registered Agent		Nome	7. Name and A	ddress of New R	egistered Ag	gent	
REGISTER	RED AGENTS LEGAL SERVIC	ES INC		Name					•
REGISTERED AGENTS LEGAL SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303			-	Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	•
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered	d office or register	ed agent, or both	, in the State of Flo	rida. I am fa	miliar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered /	Agent signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State			
							•	-	,
		RS/MANAGERS	10.				Departme	-	
De	ue by May 1, 2006	RS/MANAGERS	10.		,	Florida	<b>Departme</b> CHANGES	-	Addition
9. ITLE NAME	MANAGING MEMBE MGRM THAKORE, KILLOL		TITLE NAME		l.	Florida	<b>Departme</b> CHANGES	nt of State	
9.	ue by May 1, 2006  MANAGING MEMBE  MGRM		TITLE NAME	ADORESS 31-ZIP		Florida	<b>Departme</b> CHANGES	nt of State	
9. INTLE NAME STREET ADDRESS	MANAGING MEMBE MGRM THAKORE, KILLOL 1507 REGENTS PARK ROAD		TITLE NAME STREET			Florida	CHANGES	nt of State	
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/2006 812-422-4721