



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L05000119336 1. Entity Name VICRON FARM LLC	
---	---

Principal Place of Business 3634 APFEL ROAD ZEPHYRHILLS, FL 33543 US	Mailing Address 3634 APFEL ROAD ZEPHYRHILLS, FL 33543 US
--	--

DO NOT WRITE IN THIS SPACE



04032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-4044748	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WELLS, BYRON E
3634 APFEL ROAD
ZEPHYRHILLS, FL 33543

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WELLS, BYRON E 3634 APFEL ROAD ZEPHYRHILLS, FL 33543
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WELLS, VICKIE L 3634 APFEL ROAD ZEPHYRHILLS, FL 33543
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U000000724977
05/03/07-80004-007 50.00

**DO NOT WRITE
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.

SIGNATURE: Byron E Wells / 4-17-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #