


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90082 003 ***138.75

DOCUMENT # L05000121025	
1. Entity Name MJ FARMS, L.L.C.	

Principal Place of Business 5790 S.E. 216 TERR. MORRISTON, FL 32668	Mailing Address 5790 S.E. 216 TERR. MORRISTON, FL 32668
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60016998



2. Principal Place of Business - No P.O. Box # 5931 SE 216 Terr	3. Mailing Address 5931 SE 216 Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03122008 Chg-LLC CR2E083 (12/06)

City & State MORRISTON FL	City & State MORRISTON FL
Zip 32668	Country Levy
Zip 32668	Country Levy

4. FEI Number NOT APPLICABLE	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 COLLINS, DAVID W ESQ. 310 N. JEFFERSON ST. MONTICELLO, FL 32344	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

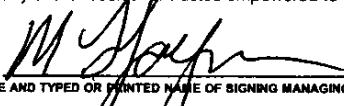
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE mgr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOYNER, MICHAEL		NAME Joyner, Michael	
STREET ADDRESS 5790 S.E. 216 TERR.		STREET ADDRESS 5931 SE 216 Terr	
CITY-ST-ZIP MORRISTON, FL 32668		CITY-ST-ZIP MORRISTON FL 32668	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE mGRm	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOYNER, DIANE		NAME Joyner, Diane	
STREET ADDRESS 5790 S.E. 216 TERR.		STREET ADDRESS 5931 SE 216 Terr	
CITY-ST-ZIP MORRISTON, FL 32668		CITY-ST-ZIP MORRISTON FL 32668	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **3-24-08 352-572-4098**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #