


**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90372 032 ***138.75

DOCUMENT # <u>205000123667</u>	
1. Entity Name <u>SAKURA HILL FARM, LLC</u>	

DO NOT WRITE IN THIS SPACE

50005919

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CR2E083B (12/07)

6. DO NOT WRITE IN THIS SPACE	4. FEI Number <u>550913639</u>		Applied For
			Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
Name <u>NEA</u>			
Street Address (P.O. Box Number is Not Acceptable)			
City <u>FL</u> 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

January 1 - May 1 Fee is \$138.75
After May 1, Fee is \$538.75
Amended AR is \$50.00
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MR MAKOTO SAKURA</u> <u>7808 NE 75TH ST</u> <u>GAINESVILLE FL 32609</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MS MONICA SAKURA</u> <u>7808 NE 75TH ST</u> <u>GAINESVILLE FL 32609</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10.

**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: Michael Sakurai

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

914-409-5654
April 30 2008

Date Daytime Phone #