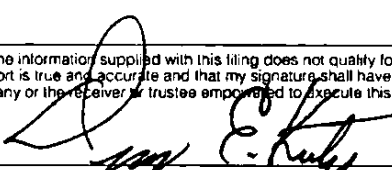


FILED
May 16, 2007 8:00 am
Secretary of State

04-23-2007 90373 022 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000000972			
1. Entity Name BETTY FARMS, LLC			
Principal Place of Business 360 HERNANDO AVE SARASOTA, FL 34243		Mailing Address 360 HERNANDO AVE SARASOTA, FL 34243	
2. Principal Place of Business - No P.O. Box # 2807 Windsor Hill Dr Same		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Windsor Hills FL		City & State	
Zip 34786		Country USA	
4. FEI Number 20-4030-951		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent KUTY, DENNIS E 360 HERNANDO AVE SARASOTA, FL 34243		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 remaining)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KUTY, DENNIS E 360 HERNANDO AVE SARASOTA, FL 34243 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition ☐ 2807 Windsor Hill Dr 34786- Windsor Hills FL 8205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KUTY, ADELAIDA 360 HERNANDO AVE SARASOTA, FL 34243 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition ☐ 2807 Windsor Hill Dr 34786- Windsor Hills FL 8205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition ☐
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: 		Date: 4/19/07 941-626-1093	