

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

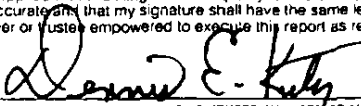
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2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

47.

30007914



DOCUMENT # L06000000983			
1. Entity Name ALLEN 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		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Windsor Hill FL		City & State	
Zip 34786		Country USA	
4. FEI Number 20-4030-956		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04192007 Chg-LLC CR2E083 (12/06)	
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 replacing) DATE _____			
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 MGR ☐ Delete NAME KUTY, DENNIS E STREET ADDRESS 360 HERNANDO AVE. CITY-ST-ZIP SARASOTA, FL 34243		TITLE ☒ Change ☐ Addition NAME 2807 Windsor Hill Dr STREET ADDRESS Windsor Hill Dr CITY-ST-ZIP 34786-8205	
TITLE MGR ☐ Delete NAME KUTY, ADELAIDA STREET ADDRESS 360 HERNANDO AVE. CITY-ST-ZIP SARASOTA, FL 34243		TITLE ☒ Change ☐ Addition NAME 2807 Windsor Hill Dr STREET ADDRESS Windsor Hill Dr CITY-ST-ZIP 34786-8205	
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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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	