FILED
May 14, 2007 8:00 am
Secretary of State
04-23-2007 90373 016 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000001316

1. Entity Name
DEXTER FARMS, LLC

30007669

Principal Place of Business	Mailing Address
360 HERNANDO AVE SARASOTA, FL 34243	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 Windermere Fla	City & State
Zip 34786-8205 / Country	Zip / Country

04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20 4030930 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KUTY, DENNIS E 360 HERNANDO AVE SARASOTA, FL 34243	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 ______________________
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

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 34786-8205 Windermere Fla
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 34786-8205 Windermere Fla
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: Dennis E. Kuty 4-19-07 941-626-1093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #