

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

04-23-2007 90373 021 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000001321			
1. Entity Name CHESTER FARMS, LLC			
Principal Place of Business 360 HERNADNO AVE SARASOTA, FL 34243		Mailing Address 360 HERNADNO AVE SARASOTA, FL 34243	
2. Principal Place of Business - No P.O. Box <i>2807 Windsor Hill Dr. Same</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Windsor Hill Fla</i>		City & State	
Zip <i>34786-</i>	Country	Zip	Country
4. FEI Number <i>20-4630-943</i>		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <i>8205</i> KUTY, DENNIS E 360 HERNADNO AVE SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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)			
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 HERNADNO AVE SARASOTA, FL 34243 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>2807 Windsor Hill Dr. 34786-8205</i> <i>Windsor Hill Fla</i> ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KUTY, ALDELAIDA 360 HERNADNO AVE SARASOTA, FL 34243 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>2807 Windsor Hill Dr. 34786-8205</i> <i>Windsor Hill Fla</i> ☒ 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
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: <i>Dennis E. Kuty</i>		Date: <i>4/19/07</i> 941-626-1093	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	