FILED
May 14, 2007 8:00 am
Secretary of State

04-23-2007 90373 020 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000010679

1. Entity Name
HOWARD FARMS LLC

30007672

Principal Place of Business
360 HERNANDO AVENUE
SARASOTA, FL 34243

Mailing Address
360 HERNANDO AVENUE
SARASOTA, FL 34243

04192007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #: 2807 Windsor Hill Dr
Suite, Apt. #, etc.
City & State: Windermere Fla
Zip: 34786-8205 Country: USA

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 20 428 0371 ☐ 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 AVENUE
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 ______________________
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 AVENUE SARASOTA, FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2807 Windsor Hill Dr 34786-8205 Windermere, Fla
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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: 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 #