## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # L06000014927  1. Entity Name FARM WORLD, LLC					04-23-2007 90367 022 ****50.00			
Principal Place	e of Business	Mailing Address			1			
7488 HWY 8	5 N	7488 HWY 85 N						
LAUREL HILL	, FL 32567	LAUREL HILL, FL 32567		ļ				
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192007	Chg-LLC	CR2E083 (12/06)	ı	
City & State		City & State		4. FEI Numbe			pplied For	
City a State		City & State			40606	<b></b>	ot Applicable	
Zip	Country Zip		Country			of Status Desired	S5.00 Ad	
<u> </u>	6. Name and Address of Current F	Registered Agent	L		7. Name and	Address of New Re	<u>.</u>	<del></del>
				Name			<u> </u>	• • • • • • • • • • • • • • • • • • • •
	MILLER, BETTY			Street Address (P.O. Box Number is Not Acceptable)				
2949 2ND AVE. NE CRESTVIEW, FL 32539			-	direct Address	(1 .O. BOX 140HDC	( is Not Acceptable)		
	,. = .=							
				City	FL Zip Code			
	named entity submits this statement for	the purpose of changing its	registered	office or registe	ered agent, or bot	h, in the State of Flori	ida. I am familiar with	, and accept
the congar	ions of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title it applicable. (NOTE	E. Pegistered A	gant signature require	d when reinstating)		DATE	1 2 1 2
Filing Fee is \$50.00 Due by May 1, 2007								
Di	ue by May 1, 2007						check payable to Department of Sta	<b>b</b>
9.	MANAGING MEMBER	RS/MANAGERS	10.	<u>-</u>			Department of Sta	<b>L</b>
Di	ue by May 1, 2007	RS/MANAGERS	10.			Fiorida	Department of Sta	Addition
9. TITLE NAME	MANAGING MEMBER MGR MILLER, MELVIN	<del></del>	TITLE NAME			Fiorida	Department of Sta	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR MILLER, MELVIN 7488 HWY 85 N	<del></del>	TITLE NAME STREET	ADORESS .		Fiorida	Department of Sta	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR MILLER, MELVIN	☐ Delete	TITLE NAME STREET / CITY-ST			Fiorida	Department of Sta	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR MILLER, MELVIN 7488 HWY 85 N	<del></del>	TITLE NAME STREET			Fiorida	Department of Sta	
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGR MILLER, MELVIN 7488 HWY 85 N	☐ Delete	TITLE NAME STREET / CITY-SI TITLE NAME STREET / CITY-ST TITLE NAME	ADDRESS T-ZIP		Fiorida	Department of Sta	Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBER MGR MILLER, MELVIN 7488 HWY 85 N	☐ Delete	TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME STREET / STREET /	ADDRESS T-ZIP  ADDRESS ADDRESS		Fiorida	Department of Sta	Addition
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11. I hereby certify that the information supplied with this filing does not qualify for line exemptions contained in Chapter 119, Borida 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: MELVIN MILLER MULLER MANAGER, DE AUTHORIZED REPREMENTATIVE DEID DOUTE DOUTE PRONTED NAME OF SIGNATURE AND TYPED OR PRONTED NAME OF SIGNATURE OF SIGNATURE AND TYPED OR PRONTED NAME OF SIGNATURE OF SIGNAT