2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000023797

1. Entity Name
EDEN FARM, LLC

ьԾ036576

Principal Place of Business	Mailing Address
240 SE 17TH ST OCALA, FL 34471	P.O. BOX 1510 OCALA, FL 34478

04102007   Chg-LLC   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number *20-5504803*   ☐ 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
LOMEL, MEGAN 240 SE 17TH ST OCALA, FL 34471	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 MGR NAME LOMEL, MEGAN STREET ADDRESS PO BOX 1479 CITY-ST-ZIP OCALA, FL 34478	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGRM NAME GALLOWAY, MARY C STREET ADDRESS PO BOX 1510 CITY-ST-ZIP OCALA, FL 34478	☐ 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
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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: *Mary C Galloway*   4-12-07 352817-0608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #