2008 LIMITED LIABILITY COMPANY

Mar 26, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L06000023797** 03-26-2008 90115 034 ***138.75 1. Entity Name EDEN FARM, LLC Principal Place of Business Mailing Address 240 SE 17TH ST P.O. BOX 1510 OCALA, FL 34478 OCALA, FL 34471 03242008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5504803 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOMEL, MEGAN DO NOT WRITE 240 SE 17TH ST IN THIS SPACE OCALA, FL 34471 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, typed or printed name of registered agent and title if applicable. FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGR TITLE NAME LOMEL, MEGAN STREET-ADDRESS PO BOX 1479 CITY-ST-ZIP OCALA, FL-34478 TITLE -13 GALLOWAY, MARY C NAME STREET ADDRESS PO BOX 1510 CITY-ST-ZIP OCALA, FL 34478 TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP

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 is inclicated 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 alimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF

IN THIS SPACE

FILED