2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# L06000024358

Entity Name: SMITH FARM/FLORIDA, LLC

Current Principal Place of Business:

1801 HERMITAGE BLVD.
SUITE 100
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1801 HERMITAGE BLVD.
SUITE 100
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-4581341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FLORIDA STATE BOARD, OF ADMINISTRAT I ON
Address: 1801 HERMITAGE BLVD., SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: P ( ) Delete
Name: TOGNARELLI, MAURY R
Address: 191 N WACKER DRIVE, SUITE 2500
City-St-Zip: CHICAGO, IL 60606

Title: VS ( ) Delete
Name: MC CARTHY, THOMAS D
Address: 191 N WACKER DRIVE, SUITE 2500
City-St-Zip: CHICAGO, IL 60606

Title: VT ( ) Delete
Name: SMITH, ROGER E
Address: 191 N WACKER DRIVE, SUITE 2500
City-St-Zip: CHICAGO, IL 60606

Title: VAS ( ) Delete
Name: SMITH, JEFFREY L
Address: 1801 HERMITAGE BLVD., SUITE 100
City-St-Zip: TALLAHASSEE, FL 60606

Title: VAT ( ) Delete
Name: GRAY, LYNNE M
Address: 1801 HERMITAGE BLVD., SUITE 100
City-St-Zip: TALLAHASSEE, FL 60606

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOUGLAS W. BENNETT, AUTHORIZED OFFICER NONE 04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date