

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024358

FILED
Apr 15, 2011
Secretary of State

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
Name: FLORIDA STATE BOARD OF ADMINISTRATION
Address: 1801 HERMITAGE BLVD., SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: VAS
Name: HUDGINS, MARK S
Address: 191 N WACKER DRIVE, SUITE 2500
City-St-Zip: CHICAGO, IL 60606

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

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

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

Title: SIO
Name: BENNETT, DOUGLAS W
Address: 1801 HERMITAGE BLVD., SUITE 100
City-St-Zip: TALLAHASSEE, FL 60606

I hereby 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, SENIOR INVESTMT OFFICER

SIO

04/15/2011

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