#### <sup>7</sup> 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L06000027968

1. Entity Name TRIO FARMS, L.L.C.



Principal Place of Business

16505 STATE ROAD 64 EAST BRADENTON, FL 34212-9317

Mailing Address

16505 STATE ROAD 64 EAST BRADENTON, FL 34212-9317

## FILED Mar 20, 2008 8:00 am Secretary of State

03-20-2008 90182 033 \*\*\*138.75

60016118



01092008No Chg-LLC

CR2E083 (12/07)

4. FÉI Number	 Applied For
20-4545488	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

## 6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

KAKLIS, V. WILLIAM ESQ. 1400 4TH AVENUE WEST BRADENTON, FL 34205

# DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of cha- tions of registered agent.	inging its registere	d office or registered agent, or both, in the t	State of Florida, I am familiar	with, and accept
SIGNATURE.					<u> </u>
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS				<del></del>
TITLE	MGRM				
NAME	O'BRIEN, THOMAS				
STREET ADDRESS	16505 STATE ROAD 64 EAST				
CITY-ST-ZIP	BRADENTON, FL 342129317				
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11. I hereby certify that the information supplied with this filling 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

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5 O'Blied

31808

941-744-0505

Daytime Phone #