

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90042 033 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

DOCUMENT # L06000031026



30010231

1. Name  
 LIMITED TAIL PIKE FARMS, LLC

2. Place of Business  
 19780 SW 177TH AVENUE  
 MIAMI, FL 33187

3. Mailing Address  
 19780 SW 177TH AVENUE  
 MIAMI, FL 33187



4. Place of Business  
 19780 SW 177TH AVENUE  
 MIAMI, FL 33187

5. Mailing Address  
 19780 SW 177TH AVENUE  
 MIAMI, FL 33187

6. City & State  
 Miami, FL

7. Zip  
 33187

8. Country  
 United States

04192007 Chg-LLC CR2E083 (12/06)

9. Filing Fee  
 \$76-0823302

10. Certificate of Good Standing  
 \$5.00 Additional Fee Required

11. Name and Address of Current Registered Agent  
 A. PORFIRIO  
 19780 SW 177TH AVENUE  
 MIAMI, FL 33187

12. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Not Acceptable)  
 City  
 FL Zip Code

13. Signature of Registered Agent  
 I have signed this statement for the purpose of changing my registered office or registered agent, as to the State of Florida. I am familiar with, and accept, the provisions of Chapter 607, Florida Statutes, regarding the filing of this statement. I am aware that my signature shall have the same legal effect as if made by me in person. This report is required by Chapter 607, Florida Statutes.

4/20/07

Filing Fee is \$50.00  
 Due by May 1, 2007

Make check payable to  
 Florida Department of State

14. DEPARTING MEMBERS/MANAGERS		15. ADDITIONS/CHANGES	
NAME	DATE	TITLE	DATE
MARIA C LEIVA 21355 SW 2305T HOMESTEAD, FL 33031	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
OFELIA LEIVA, MGRM 14553 SW 755 PL MIAMI, FL 33196	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

16. Signature of Registered Agent  
 I hereby certify that the information provided in this filing complies with the filing requirements of the provisions contained in Chapter 607, Florida Statutes. I further certify that the information provided in this report is true and correct to the best of my knowledge and belief. This report is required by Chapter 607, Florida Statutes.

4/20/07 305-255-7979