

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/ **FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90192 048 \*\*\*\*50.00

<b>DOCUMENT # L06000046805</b> 1. Entity Name <b>SILK FOX FARM, LLC</b>					
Principal Place of Business <b>3095 GOOSE CREEK LANE GREEN COVE SPRINGS, FL 32043</b>			Mailing Address <b>3095 GOOSE CREEK LANE GREEN COVE SPRINGS, FL 32043</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01292007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>DUSS, ROBERT V C/O TAYLOR, STEWART, HOUSTON &amp; DUSS, P.A. 1050 RIVERSIDE AVE. JACKSONVILLE, FL 32204</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FEI Number <b>Applied For</b> <input checked="" type="checkbox"/> Applied For Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when renouncing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DEVENUTA, EVELYN M <input type="checkbox"/> Delete 3095 GOOSE CREEK LANE GREEN COVE SPRINGS, FL 32043				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 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.					
<b>SIGNATURE: Evelyn M DeVenuta Evelyn M DeVenuta 2-6-07 904.465.7117</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

30003311



ATTACHMENT

30003971

#L06000046805

Form <b>SS-4</b>		<b>Application for Employer Identification Number</b>		OMB No. 1545-0003						
(Rev. February 2006) Department of the Treasury Internal Revenue Service		(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN						
Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>Silk Fox Farm, LLC</b>									
	2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name							
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>3095 Goose Creek Lane</b>		5a Street address (if different) (Do not enter a P.O. box.)							
	4b City, state, and ZIP code <b>Green Cove Springs, FL 32043</b>		5b City, state, and ZIP code							
	6 County and state where principal business is located <b>Clay, Florida</b>									
	7a Name of principal officer, general partner, grantor, owner, or trustee <b>Evelyn M DeVenuta</b>		7b SSN, ITIN, or EIN <b>SSN# 267-67-7613</b>							
	8a Type of entity (check only one box)									
	<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ <b>Single member LLC</b>									
	<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____									
	8b If a corporation, name the state or foreign country (if applicable) where incorporated									
<table border="1"> <tr> <td>State</td> <td>Foreign country</td> </tr> <tr> <td></td> <td></td> </tr> </table>					State	Foreign country				
State	Foreign country									
9 Reason for applying (check only one box)										
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>Services</b> <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____										
10 Date business started or acquired (month, day, year). See instructions. <b>May 5, 2006 Filing date</b>										
11 Closing month of accounting year <b>0</b>										
12 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)										
13 Highest number of employees expected in the next 12 months (enter -0- if none). <b>0</b>										
Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.) <table border="1"> <tr> <td>Agricultural</td> <td>Household</td> <td>Other</td> </tr> <tr> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> </tr> </table>					Agricultural	Household	Other	<b>0</b>	<b>0</b>	<b>0</b>
Agricultural	Household	Other								
<b>0</b>	<b>0</b>	<b>0</b>								
14 Check one box that best describes the principal activity of your business.										
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) <b>Equestrian Horse Related Services</b>										
15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.										
<b>Equestrian Horse Related Services</b>										
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Note. If "Yes," please complete lines 16b and 16c.										
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.										
Legal name ▶ _____ Trade name ▶ _____										
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.										
Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____										
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.									
	Designee's name		Designee's telephone number (include area code)							
	Address and ZIP code		Designee's fax number (include area code)							
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.										
Name and title (type or print clearly) ▶ <b>Evelyn M DeVenuta</b>		Applicant's telephone number (include area code) <b>(904) 529-4691</b>								
Signature ▶ <b>Evelyn M DeVenuta</b>		Applicant's fax number (include area code) _____								
Date ▶ <b>3-16-07</b>										