2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 16 PM 3:31

DOCUMENT # L06000049448

1. Entity Name
SOMERSET ORGANIC FARMS, LLC

Principal Place of Business	Mailing Address
500 5TH AVENUE SOUTH SUITE 522 NAPLES, FL 34102 US	500 5TH AVENUE SOUTH SUITE 522 NAPLES, FL 34102 US

10162007 Chg-LLC CR2E083 (12/06)

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

4. FEI Number 20-4873032 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

REED, DONALD P
535 CENTRAL AVENUE
SUITE 411
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name NANCY PRIOR, ESQ.
Street Address (P.O. Box Number is Not Acceptable) 500 FIFTH AVE S.
SUITE 511
City NAPLES FL Zip Code 34102

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.

SIGNATURE Nancy Prior, NANCY PRIOR 10/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SANTERRE, L J 1120 B ROAD LABELLE, FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JAMES ALDERMAN 11103 TOWNSEND LN BOYNTON BEACH, FL 33424	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PEITA, BRUCE 500 FIFTH AVE S #526 NAPLES, FL 34102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700112600757 11/27/07--01027--001 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BRYSON, AARON 500 FIFTH AVE S #526 NAPLES, FL 34102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SMITH, MIKE 500 FIFTH AVE S #526 NAPLES, FL 34102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JENNINGS, JAMES B 500 FIFTH AVE S #526 NAPLES, FL 34102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: JAMES SANTERRE 11-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #