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May 03, 2007 8:00 am
Secretary of State
05-03-2007 90251 019 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000059135

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

60047782

Principal Place of Business	Mailing Address
12018 WASHINGTON STREET PEMBROKE PINES, FL 33025	12018 WASHINGTON STREET PEMBROKE PINES, FL 33025

03192007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11332 N.W. 15th St.	11332 N.W. 15th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33026 Country: U.S.A.	Zip: 33026 Country: U.S.A.

4. FEI Number: 20-5064154 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, ROBERT G VI
12018 WASHINGTON STREET
PEMBROKE PINES, FL 33025

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 11332 N.W. 15th St.
City: Pembroke Pines FL Zip Code: 33026

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, ROBERT G VI 12018 WASHINGTON STREET PEMBROKE PINES, FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 11332 N.W. 15th St. Pembroke Pines, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, CAMMIE L 12018 WASHINGTON STREET PEMBROKE PINES, FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 11332 N.W. 15th St. Pembroke Pines, FL 33026
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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: X [signature] X 4/12/07 954-881-8171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #