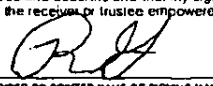


FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90251 019 ****55.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000059135			60047782	
1. Entity Name REDFOX FARMS, L.L.C.				
Principal Place of Business 12018 WASHINGTON STREET PEMBROKE PINES, FL 33025		Mailing Address 12018 WASHINGTON STREET PEMBROKE PINES, FL 33025		
2. Principal Place of Business - No P.O. Box # 11332 N.W. 15th St.		3. Mailing Address 11332 N.W. 15th St.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL		4. FEI Number 20-5064154
Zip 33026	Country U.S.A.	Zip 33026	Country U.S.A.	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		03192007 Chg.-LLC CR2E083 (12/06)		
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 _____ (NOTE: Registered Agent signature required when renouncing) 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	11332 N.W. 15th St. Pembroke Pines, FL 33026 ☒ Change ☐ Addition	
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	11332 N.W. 15th St. Pembroke Pines, FL 33026 ☒ 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	
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 4/12/07 954-881-8171		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #		