


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000059135 1. Entity Name REDFOX FARMS, L.L.C.	
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Principal Place of Business 11332 NW 15TH ST PEMBROKE PINES, FL 33026	Mailing Address 11332 NW 15TH ST PEMBROKE PINES, FL 33026
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5064154	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, ROBERT G VI
11332 NW 15TH ST
PEMBROKE PINES, FL 33026

**DO NOT WRITE
IN THIS SPACE**

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: Cammie L Wilson DATE: 1-3-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WILSON, ROBERT G VI 11332 NW 15TH ST PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WILSON, CAMMIE L 11332 NW 15TH ST PEMBROKE PINES, FL 33026
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01/08/08-80042-008 143.75

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IN THIS SPACE**

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: Cammie L Wilson DATE: 1-3-08 DAYTIME PHONE: 954-881-8172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE