2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061429

Address:

City-St-Zip:

Entity Name: LOXAHATCHEE FARMS LLC

FILED Mar 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 476 LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 **Current Mailing Address: New Mailing Address:** P.O. BOX 476 LOXAHATCHEE, FL 33470 FEI Number: 37-1524490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LESHER, GERALD S ESQ 1555 PALM BEACH LAKES BLVD., STE. 1510 WEST PALM BEACH, FL 33401 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: () Change (X) Addition GOLTZENE, THOMAS R MGR Name: Name: Address: Address: P.O. BOX 476 City-St-Zip: City-St-Zip: LOXAHATCHEE, FL 33470 US Title: Title: MGR () Change (X) Addition () Delete GOLTZENE, IRENE C MGR Name: Name: Address: Address: P.O. BOX 476 City-St-Zip: City-St-Zip: LOXAHATCHEE, FL 33470 US Title: () Delete Title: MGR () Change (X) Addition Name: BLESS, CHRISTOPHER Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

P.O. BOX 476

LOXAHATCHEE, FL 33470 US

Address:

City-St-Zip:

SIGNATURE: THOMAS R GOLTZENE MGR 03/11/2007