

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90351 026 ****50.00

| | | | | | |
|---|---------------------------------|---------------------------|--|--|--|
| DOCUMENT # L06000072228 | | | | | |
| 1. Entity Name AT FARMS, LLC | | | | | |
| Principal Place of Business 1765 PELICAN WAY VERO BEACH, FL 32963 | | | Mailing Address 1765 PELICAN WAY VERO BEACH, FL 32963 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03082007 Chg-LLC CR2E083 (12/06) | |
| Zip | | Country | | 4. FEI Number 20-5249267 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| KIRK, WILLIAM N ESQ 979 BEACHLAND BOULEVARD VERO BEACH, FL 32963 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 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 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR Christopher P. Tardif 1765 Pelican Way Vero Beach, FL 32963 | |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR Amy B. Tardif 1765 Pelican Way Vero Beach, FL 32963 | |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
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| <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Christopher P. Tardif</i> Christopher P. Tardif, Manager 4/11/07 772-794-9771 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |