


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

02-05-2007 90203 016 ****50.00

DOCUMENT # L06000080972			
1. Entity Name PERRY FARMS, LLC			
Principal Place of Business 950 WESTERN DRIVE S.W. MOORE HAVEN, FL 33471		Mailing Address 950 WESTERN DRIVE S.W. MOORE HAVEN, FL 33471	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GLASSER, GENE K 100 WEST CYPRESS CREEK ROAD STE 700 FORT LAUDERDALE, FL 33309		Name Perry, Carl	
		Street Address (P.O. Box Number is Not Acceptable) 950 Western Drive S.W.	
		City Moore Haven	
		FL 33471	
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 <i>Carl Perry</i> Signature, typed or printed name of registered agent, and title if applicable		DATE 01/31/2007 DATE	
Filing Fee is \$50.00 Due by May 4, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERRY, CARL 950 WESTERN DRIVE S.W. MOORE HAVEN, FL 33471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Carl Perry</i>		Date: 1/26/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 863-673-9222	