

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000083600

1. Entity Name
COHASSETT FARMS, LLC



Principal Place of Business
6723 OLD SPANISH TRAIL
GRAND RIDGE, FL 32442

Mailing Address
6723 OLD SPANISH TRAIL
GRAND RIDGE, FL 32442

DO NOT WRITE IN THIS SPACE

**FILED
Jan 17, 2008 8:00 am
Secretary of State**

01-17-2008 90054 043 ***138.75



01042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5981929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

FLORIDA ONE MILLAN *McMillan*
6723 OLD SPANISH TRAIL
GRAND RIDGE, FL 32442

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MCMILLAN, FLORIDA
STREET ADDRESS	6723 OLD SPANISH TRAIL
CITY-ST-ZIP	GRAND RIDGE, FL 32442

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Horde McMillan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

January 7, 2008

Date

Daytime Phone #