2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085138

Address:

City-St-Zip:

PO BOX 1318

LAKE WALES, FL 33859

Entity Name: BLUE HEAD FARMS, LLC

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 122 EAST TILLMAN AVENUE LAKE WALES, FL 33853 **Current Mailing Address: New Mailing Address:** PO BOX 1318 LAKE WALES, FL 33859 FEI Number: 20-8005000 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: ALEXANDER, JOHN D 122 EAST TILLMAN AVENUE LAKE WALES, FL 33853 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: MGRM Title: () Change () Addition () Delete ATLANTIC BLUE GROUP,, INC. Name: Name: Address: 122 EAST TILLMAN AVE Address: City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: ALEXANDER, JD Name: Address: POB 1318 Address: City-St-Zip: LAKE WALES, FL 33859 City-St-Zip: Title: MGR () Delete Title: () Change () Addition JENSEN, LISA RATH Name: Name: Address: POB 1318 Address: City-St-Zip: LAKE WALES, FL 33859 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: ADAMS, BEN R JR Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: JD ALEXANDER MGR 03/30/2009