

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092190

**FILED**  
**Feb 28, 2007**  
**Secretary of State**

**Entity Name:** RM FARMS LC

**Current Principal Place of Business:**

7965 LANTANA ROAD  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

7965 LANTANA ROAD  
LAKE WORTH, FL 33467 US

**Current Mailing Address:**

PO BOX 541779  
LAKE WORTH, FL 33454

**New Mailing Address:**

PO BOX 541779  
LAKE WORTH, FL 33454 US

FEI Number: 20-5794526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMIGIEL, GARY  
7965 LANTANA ROAD  
LAKE WORTH, FL 33467 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM ( ) Delete  
Name: SCHWARTZ, ANDREW  
Address: 2700 N MILITARY TRAIL, STE 410  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete  
Name: MECCA, MARK  
Address: PO BOX 541779  
City-St-Zip: LAKE WORTH, FL 33454

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MECCA, MARK L

MGRM

02/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date