## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000095932

Name:

Address:

City-St-Zip:

BELCASTRO, KREG B

INVERNESS, FL 34453 US

5495 E MIMOSA LN

Entity Name: ALL K'S SOD FARMS, LLC

FILED Apr 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4434 E ARLINGTON ST 6111 N. CARL G. ROSE HWY UNIT 7 HERNANDO, FL 34442 INVERNESS, FL 34453 **New Mailing Address: Current Mailing Address:** PO BOX 1196 HERNANDO, FL 34442 US FEI Number: 76-0838194 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BELCASTRO, LYNN M 620 SPRUCE ST INVERNESS, FL 34452 US 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: ( ) Delete MGR Title: () Change () Addition BELCASTRO, LYNN M Name: Name: Address: 620 SPRUCE ST Address: City-St-Zip: INVERNESS, FL 34452 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BELCASTRO, KENDRA L Name: Address: 2348 N BEECHWOOD TERR Address: City-St-Zip: CRYSTAL RIVER, FL 34428 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BELCASTRO, KEISHA L Name: Name: Address: 6453 N GOLDENRAIN CIR Address: City-St-Zip: HERNANDO, FL 34442 US City-St-Zip: ( ) Delete Title: MGRM Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KEISHA L. BELCASTRO MGRM 04/30/2007