

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005098

Entity Name: J & D TURF FARMS, LLC

FILED
Mar 24, 2008
Secretary of State

Current Principal Place of Business:

13636 150TH COURT
JUPITER, FL 33478

New Principal Place of Business:

Current Mailing Address:

13636 150TH COURT
JUPITER, FL 33478

New Mailing Address:

FEI Number: 33-1151737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIGGS, DENISE M
13636 150TH COURT
JUPITER, FL 33478 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: BRASWELL, JENNIFER C
Address: 729 KITTYHAWK WAY
City-St-Zip: NORT PALM BEACH, FL 33408 US

Title: MGRM () Delete
Name: BRIGGS, ROYALL A III
Address: 13636 150TH COURT
City-St-Zip: JUPITER, FL 33478 US

Title: MGRM () Delete
Name: BRASWELL, DENNIS C
Address: 729 KITTYHAWK WAY
City-St-Zip: NORTH PALM BEACH, FL 33408 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRASWELL, JENNIFER C
Address: 729 KITTYHAWK WAY
City-St-Zip: NORTH PALM BEACH, FL 33408 US

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 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: DENISE BRIGGS

V

03/24/2008

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