2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049104

Entity Name: ALR FARMS, LLC

Address:

City-St-Zip:

HOMESTEAD, FL 33034 US

FILED Mar 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 33631 SW 217TH AVENUE HOMESTEAD, FL 33034 **Current Mailing Address: New Mailing Address:** 33631 SW 217TH AVENUE HOMESTEAD, FL 33034 FEI Number: 20-8994793 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: CAVALLARO, LENNY MANAGER 33631 SW 217TH AVENUE HOMESTEAD, FL 33034 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 () Delete Title: () Change () Addition CAVALLARO, LENNY MANAGER Name: Name: Address: 33631 SW 217TH AVENUE Address: City-St-Zip: HOMESTEAD, FL 33034 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SCHWARM, ROBERT MANAGER Name: Address: 19520 SW 307TH STREET Address: City-St-Zip: HOMESTEAD, FL 33030 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition CAVALLARO, ANTHONY MEMBER Name: Name: 33631 SW 217TH AVENUE

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: ROBERT SCHWARM 03/05/2009