

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 20, 2008 8:00 am
Secretary of State

04-17-2008 90172 017 ***138.75

DOCUMENT # L07000062510 1. Entity Name WOODFORD FARM OPERATIONS, LLC					
Principal Place of Business 1700 SOUTH MACDILL AVENUE SUITE 200 TAMPA, FL 33629 US			Mailing Address 1700 SOUTH MACDILL AVENUE SUITE 200 TAMPA, FL 33629 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent F&L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$138.75 • After May 1, 2008 Fee will be \$538.75		Make check payable to: Florida Department of State		_____	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SYKES, JOHN <input type="checkbox"/> Delete 1700 SOUTH MACDILL AVENUE, SUITE 200 TAMPA, FL 33629		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FERGUSON, TONY <input type="checkbox"/> Delete 1700 SOUTH MACDILL AVENUE, SUITE 200 TAMPA, FL 33629		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.					
SIGNATURE: 5/14/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
_____ Daytime Phone # _____					

John H. Sykes