2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000086586 1. Entity Name na JUL 14 AM 9:32 PJ FARMS, LLC JEURETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 1009 ADAMS DRIVE 1009 ADAMS DRIVE KEY LARGO, FL 33037 KEY LARGO, FL 33037 2. Principal Place of Business - No P.O. Box # 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 26-0778059 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOSFORD, PETER M Street Address (P.O. Box Number is Not Acceptable) 1009 ADAMS DRIVE KEY LARGO, FL 33037 Zip Code FI 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 pri me of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MANASON ☑ Change ■ Addition TITLE ☐ Delete TITLE Peter Hosford NAME NAME STREET ADDRESS STREET ADORESS 1004 Adams Dr 33037 CITY-ST-ZIP CITY-ST-ZIP Key Largo FL TITLE ☐ Delete TITLE manager ☐ Change ☐ Addition Jean Hosford NAME NAME STREET ADDRESS STREET ADORESS 1004 Adams Dr CITY-ST-ZIP CITY-ST-ZIP 33037 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE ☐ Deizia TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 11. I hereby certify that the information supplied with this filling 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 receiter or true empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: TURE AND TYPED OR PRINTED NAME OF BIGHING MANAGING MEMBER, HANAGER, OR AUTHORIZED REPRESENTATIVE Date Davome Phone #

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