

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087543

FILED
Apr 01, 2008
Secretary of State

Entity Name: OCTOBER SKY FARM, LLC

Current Principal Place of Business:

300 CITRUS LANDING DRIVE
PLANT CITY, FL 33563 US

New Principal Place of Business:

1088 DEES DRIVE
OVIEDO, FL 32765 US

Current Mailing Address:

300 CITRUS LANDING DRIVE
PLANT CITY, FL 33563 US

New Mailing Address:

1088 DEES DRIVE
OVIEDO, FL 32765 US

FEI Number: 26-0795124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLEY, JENNIFER
300 CITRUS LANDING DRIVE
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

FOLEY, JENNIFER
1088 DEES DRIVE
OVIEDO, FL 32765 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:

04/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FOLEY, JENNIFER
Address: 300 CITRUS LANDING DRIVE
City-St-Zip: PLANT CITY, FL 33563 US

Title: MGRM () Delete
Name: WILLIAMS, JACK III
Address: 300 CITRUS LANDING DRIVE
City-St-Zip: PLANT CITY, FL 33563 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FOLEY, JENNIFER
Address: 1088 DEES DRIVE
City-St-Zip: OVIEDO, FL 32765 US

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: JENNIFER FOLEY

MGRM

04/01/2008

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