2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103378

Address:

City-St-Zip:

5650 N.E. 175 AVENUE

WILLISTON, FL 32696

Entity Name: SAN FRANCISCO FARMS, LLC

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5650 N.E. 175 AVENUE WILLISTON, FL 32696 **Current Mailing Address: New Mailing Address:** P.O. BOX 173165 MIAMI, FL 33017 FEI Number: 14-2013219 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: GARCIA, OMAR 18631 W. OAKMONT DRIVE MIAMI, FL 33015 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 Title: () Change () Addition () Delete GARCIA, NEREYDA Name: Name: Address: 5650 N.E. 175 AVENUE Address: City-St-Zip: WILLISTON, FL 32696 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GARCIA, OMAR Name: Address: 5650 N.E. 175 AVENUE Address: City-St-Zip: WILLISTON, FL 32696 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GARCIA, MARY C Name: Name: Address: 5650 N.E. 175 AVENUE Address: City-St-Zip: WILLISTON, FL 32696 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GARCIA, JEANNETTE Name:

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: OMAR GARCIA MGRM 03/25/2009