
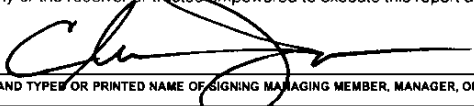


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90033 008 \*\*\*138.75

<b>DOCUMENT # L07000110252</b> 1. Entity Name <b>BUCK FALL FARMS, LLC</b>					
Principal Place of Business <b>5430 PRIMROSE DRIVE PENSACOLA, FL 32504</b>			Mailing Address <b>5430 PRIMROSE DRIVE PENSACOLA, FL 32504</b>		
2. Principal Place of Business - No P.O. Box # <div style="text-align: center;"><b>N/A</b></div>		3. Mailing Address <div style="text-align: center;"><b>N/A</b></div>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 		Country 		Zip 	
Country 		Country 			
4. FEI Number 				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JONES, CHRIS C 5430 PRIMROSE DRIVE PENSACOLA, FL 32504</b>			7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <b>N/A</b> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER</b> <b>CHRIS JONES</b> <b>5430 PRIMROSE DR</b> <b>PENSACOLA, FLORIDA 32504</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 608, Florida Statutes.					
<b>SIGNATURE:</b> 			Date <b>1/14/8</b> (850) 434-2735		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					