

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118677

FILED
Apr 30, 2009
Secretary of State

Entity Name: HI-TIDE FARM, LLC.

Current Principal Place of Business:

3291 S.W. 97TH COURT
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

3291 S.W. 97TH COURT
OCALA, FL 34481

New Mailing Address:

FEI Number: 33-1095551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANCHARD, DOCK A
4 S.E. BROADWAY STREET
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: KEEN, KAREN
Address: 3291 S.W. 97TH COURT
City-St-Zip: OCALA, FL 34481

Title: MGRM () Delete
Name: KEEN, KAREN
Address: 3291 S.W. 97TH COURT
City-St-Zip: OCALA, FL 34481

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: KEEN, WILLIAM
Address: 3291 S.W. 97TH CT
City-St-Zip: OCALA, FL 34481

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: KAREN KEEN

MGR

04/30/2009

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