2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# L07000121311

Entity Name: LARY FARM, LLC.

Current Principal Place of Business:

6371 SW 87 TERRACE
PINECREST, FL 33143 US

New Principal Place of Business:

14870 SW 238 STREET
HOMESTEAD, FL 33032 US

Current Mailing Address:

6371 SW 87 TERRACE
PINECREST, FL 33143 US

New Mailing Address:

14870 SW 238 STREET
HOMESTEAD, FL 33032 US

FEI Number: 26-1513970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARY, TODD P
14870 SW 238 STREET
HOMESTEAD, FL 33032 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: MGRM ( ) Delete
Name: LARY, BANNING GRAY
Address: 6371 SW 87 TERRACE
City-St-Zip: PINECREST, FL 33143 US

Title: MGRM ( ) Delete
Name: LARY, TODD P
Address: 14870 SW 238 STREET
City-St-Zip: HOMESTEAD, FL 33032 US

Title: MGRM ( ) Delete
Name: LARY, KATHERINE T
Address: 6371 SW 87 TERRACE
City-St-Zip: PINECREST, FL 33143 US

ADDITIONS/CHANGES:

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

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

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: TODD P. LARY MGRM 03/09/2009

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