2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L08000019299

Entity Name: CORN FARMER SHAMUS, LLC

Current Principal Place of Business:

401 FOREST PARK CIRCLE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

401 FOREST PARK CIRCLE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2808648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMSON, SANDRA C
401 FOREST PARK CR
LONGWOOD, FL 32779 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: WILLIAMSON, JAMES T
Address: 3261 HIDDEN VALLEY DR
City-St-Zip: SANTA ROSA, CA 95404

Title: MGRM ( ) Delete
Name: THOMAS, MITCH
Address: 3261 HIDDEN VALLEY DR
City-St-Zip: SANTA ROSA, CA 95404

Title: MGRM ( ) Delete
Name: ROOT, SHANE
Address: 3261 HIDDEN VALLEY DR.
City-St-Zip: SANTA ROSA, CA 95404

Title: MGRM ( ) Delete
Name: BROWNE, BEN
Address: 3261 HIDDEN VALLEY DR,
City-St-Zip: SANTA ROSA, CA 95404

Title: MGRM ( ) Delete
Name: WILLIAMSON, SANDRA C
Address: 401 FOREST PARK CR.
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WILLIAMSON, JAMES T
Address: 401 FOREST PARK CR.
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Change ( ) Addition
Name: THOMAS, MITCH
Address: 401 FOREST PARK CR.
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Change ( ) Addition
Name: ROOT, SHANE
Address: 401 FOREST PARK CR.
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Change ( ) Addition
Name: BROWNE, BEN
Address: 401 FOREST PARK CR.
City-St-Zip: LONGWOOD, FL 32779

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: SANDRA C. WILLIAMSON MRG 05/01/2009

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