2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2010
Secretary of State

DOCUMENT# L08000080413

Entity Name: HYCREST FARMS OF TALLAHASSEE, LLC

Current Principal Place of Business:

6110 NW 1ST PLACE
GAINESVILLE, FL 32607

New Principal Place of Business:

6110 NW 1ST PLACE
SUITE A
GAINESVILLE, FL 32607

Current Mailing Address:

6110 NW 1ST PLACE
GAINESVILLE, FL 32607

New Mailing Address:

6110 NW 1ST PLACE
SUITE A
GAINESVILLE, FL 32607

FEI Number: 26-3338158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEY, LAURA B
6110 NW 1ST PLACE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

SHEY, LAURA B
6110 NW 1ST PLACE
SUITE A
GAINESVILLE, FL 32607 US

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: _____ 01/26/2010

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SHEY ASSOCIATES, INC.
Address: 6110 NW 1ST PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM
Name: SHEY, STEPHEN B TRUSTEE
Address: 6110 NW 1ST PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM
Name: SHEY, LAURA B
Address: 6110 NW 1ST PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM
Name: SHEY, LISA
Address: 6110 NW 1ST PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM
Name: SHEY, SUSAN I
Address: 6110 NW 1ST PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM
Name: SHEY, KARA E
Address: 6110 NW 1ST PLACE
City-St-Zip: GAINESVILLE, FL 32607

I hereby 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 Statues.

SIGNATURE: LAURA B. SHEY MGRM 01/26/2010

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