

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000005271

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** FLOPPY EARED FARM, L.L.C.

**Current Principal Place of Business:**

11330 DIMILLEY ROAD  
POLK CITY, FL 33868

**New Principal Place of Business:**

11330 DEMILLEY ROAD  
POLK CITY, FL 33868

**Current Mailing Address:**

11330 DIMILLEY ROAD  
POLK CITY, FL 33868

**New Mailing Address:**

11330 DEMILLEY ROAD  
POLK CITY, FL 33868

**FEI Number:** 26-4062664

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JABLONSKY, DEBORAH J  
11330 DIMILLEY ROAD  
POLK CITY, FL 33868 US

**Name and Address of New Registered Agent:**

JABLONSKY, DEBORAH S  
11330 DEMILLEY ROAD  
POLK CITY, FL 33868 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: DEBORAH S. JABLONSKY

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JABLONSKY, DEBORAH S  
Address: 11330 DEMILLEY ROAD  
City-St-Zip: POLK CITY, FL 33868

Title: MGRM  
Name: JABLONSKY, JAMES J  
Address: 11330 DEMILLEY ROAD  
City-St-Zip: POLK CITY, FL 33868

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 Statutes.

SIGNATURE: JAMES J. JABLONSKY

MGRM

04/29/2010

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