

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000050382

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** BLACK HAMMOCK ISLAND FARMS, LLC

**Current Principal Place of Business:**

15860 SAWPIT ROAD  
JACKSONVILLE, FL 32226

**New Principal Place of Business:**

**Current Mailing Address:**

15860 SAWPIT ROAD  
JACKSONVILLE, FL 32226

**New Mailing Address:**

**FEI Number:** 80-0414992

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

ASSAF, MICHAEL A  
1626 ATLANTIC UNIVERSITY CIRCLE  
JACKSONVILLE, FL 32207 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: MICHAEL A ASSAF

03/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ASSAF, ROBERT A  
Address: 15860 SAWPIT ROAD  
City-St-Zip: JACKSONVILLE, FL 32226

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: ROBERT A ASSAF

MGRM

03/23/2011

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