


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L96000000133 1. Entity Name BOE FARMS, L.C. |  |
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| Principal Place of Business 2076 EAST MAIN STREET PAHOKEE, FL 33476 | Mailing Address P.O. BOX 463 PAHOKEE, FL 33476 |
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-LLC CR2E083 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 65-0642664 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent NOWICKI, MARK J 480 MAPLEWOOD DRIVE, SUITE 2 JUPITER, FL 33458 |
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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|--|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|


**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BOE, F E P.O. BOX 463 PAHOKEE, FL 33476 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HUNDLEY, PAM 707 MINING GAP CONNECTOR YOUNG HARRIS, GA 30582 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000583126
01/11/07-80060-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

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|---|---------------------|--------------------------------|
| SIGNATURE:  | 1-8-2007 | 561-924-2468 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> | <small>Daytime Phone #</small> |