

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90092 009 \*\*\*\*50.00

**DOCUMENT # L99000001736**

1. Entity Name  
**GOURDGEIOUS FARM, LLC**



Principal Place of Business  
 5174 CR 675  
 PALMETTO, FL 34221

Mailing Address  
~~P.O. BOX 445~~  
~~PALMETTO, FL 34221~~

**20027642**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**5174 CR 675 E**  
 Suite, Apt. #, etc.

01052005 Chg-LLC CR2E083 (10/03)

City & State  
**Bradenton FL**

Zip Country  
**34211**

4. FEI Number  
**65-0934921**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

| 6. Name and Address of Current Registered Agent            | 7. Name and Address of New Registered Agent        |
|------------------------------------------------------------|----------------------------------------------------|
| <b>MUELLER, MIKE</b><br>5174 CR 675<br>BRADENTON, FL 34211 | Name                                               |
|                                                            | Street Address (P.O. Box Number is Not Acceptable) |
|                                                            | City <b>FL</b> Zip Code                            |

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.

SIGNATURE *Michael Mueller* (NOTE: Registered Agent signature required when reinstating) *4/26/05* DATE

**Filing Fee is \$50.00 Due by May 1, 2005**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                        | 10. ADDITIONS/CHANGES                          |                                                                                                                                                               |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MUELLER, MIKE<br>5174 CR 574<br>BRADENTON, FL 34211 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MUELLER, JEAN<br>5174 CR 675<br>BRADENTON, FL 34211 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MUELLER, BETHANY<br>210 N 17TH ST W #32<br>BRADENTON, FL 34205 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Matzke, Bethany</b><br><b>1806 30th St W</b><br><b>Bradenton, FL 34205</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Bethany Matzke* **Bethany Matzke** *1/6/05* *(941)322-9011*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #