

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003592

FILED  
Jan 06, 2005  
Secretary of State

**Entity Name:** AL ROSAS' NORTHERN HAY AND ALFALFA LLC

**Current Principal Place of Business:**

13450 NUS HWY 301  
CITRA, FL 32113

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 218  
SPARR, FL 321920218

**New Mailing Address:**

**FEI Number:** 59-3584592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSAS, ALPHONSO  
13450 N US HWY 301  
CITRA, FL 32113 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ROSAS, ALPHONSO  
Address: 13600 N. US HWY 301  
City-St-Zip: CITRA, FL 32113

Title: MGRM ( ) Delete  
Name: ROSAS, ERIN  
Address: 13600 N. US HWY 301  
City-St-Zip: CITRA, FL 32113

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALPHONSO ROSAS

MGMR

01/06/2005

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