

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001923

Entity Name: CLOVER LEA FARM LLC

FILED
Aug 08, 2005
Secretary of State

Current Principal Place of Business:

3034 HUNSINGER LANE REAR
LOUISVILLE, KY 40220

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 643462
VERO BEACH, FL 32964

New Mailing Address:

940 82ND AVENUE
VERO BEACH, FL 32966

FEI Number: 61-1291702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CASALINO, GREGG M
3111 CARDINAL DR.
VERO BEACH, FL 32963 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/MANAGERS:

Title: MGR (X) Delete
Name: LIEBERT, DENNIS J
Address: P.O. BOX 20206
City-St-Zip: LOUISVILLE, KY 40250

Title: MGR (X) Delete
Name: LIEBERT, COLLEEN M
Address: P.O. BOX 20206
City-St-Zip: LOUISVILLE, KY 40250

Title: MGR (X) Delete
Name: CUTTING, TRACY L
Address: P.O. BOX 20206
City-St-Zip: LOUISVILLE, KY 40250

Title: MGR () Delete
Name: LIEBERT, SARAH B
Address: P.O. BOX 20206
City-St-Zip: LOUISVILLE, KY 40250

ADDITIONS/CHANGES:

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

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

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: SARAH LIEBERT

MGR

08/08/2005

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