


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 SEP - 7 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M04000005406</b> 1. Entity Name <b>LUCKY LEAF FARMS, LLC</b>	
--	---

Principal Place of Business <b>2046 CREEKHOLLOW TRAIL TALLAHASSEE, FL 32316</b>	Mailing Address <b>2046 CREEKHOLLOW TRAIL TALLAHASSEE, FL 32316</b>
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country	BJK
---	---	-----



09022005    Chg-LLC    CR2E083 (10/03)

4. FEI Number <b>54-2104604</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TORRESON, BETTY 2046 CREEKHOLLOW TRAIL TALLAHASSEE, FL 32316</b>	7. Name and Address of New Registered Agent Name <b>TORREJON BETTY</b> Street Address (P.O. Box Number is Not Acceptable) <b>same</b> <b>same</b> City <b>same</b> <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: *Betty Torreson*      DATE: 9/7/05

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>
---	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TORRESON, BETTY 2046 CREEKHOLLOW TRAIL TALLAHASSEE, FL 32316</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM TORREJON, BETTY (same, misspelled)</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGR BRENDA BILBO 2046 Creek hollow Trail TALLAHASSEE, FL 32317</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			600059460606 09/08/05--01055--010    **50.00
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<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: *Betty Torreson*      DATE: 9/7/05      (50) 878-3231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Daytime Phone #