## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

## DOCUMENT # M05000006496

1. Entity Name

Agrico 🐧 A

CABOT TRAFALGAR/AVION 6 LLC

Apr 15, 2008 08:00 Al Secretary of State

Principal Place of Business

NATIONAL CORPORATE RESEARCH, LTD. 615 SOUTH DUPONT HIGHWAY

DOVER, DE 19901

SIGNATURE:

Mailing Address

NATIONAL CORPORATE RESEARCH, LTD. 615 SOUTH DUPONT HIGHWAY

**DOVER, DE 19901** 



01172008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	
	NOT APPLICABLE	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC. 515 EAST PARK AVE. TALLAHASSEE, FL 32301

## 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.						
SIGNATURE	DATE					
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						
9.	MANAGING MEMBERS/MANAGERS			<u> </u>		
	MGRM		U4,	/28/08-80017-005 138.75		
TITLE NAME	MURPHY FAMILY REVOCABLE TRUST		•			
STREET ADORESS	14713 GOODWIN AVE.					
CITY-ST-ZIP	BAKERSFIELD, CA 93314					
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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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						