## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M06000005844

1. Entity Name

THE FARM DOWN UNDER LLC



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

6 VALLEY RIDGE FARM HUNTING VALLEY, OH 44022 Mailing Address

6 VALLEY RIDGE FARM HUNTING VALLEY, OH 44022



04172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

216.534 959

Daytime Phone #

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## 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			
Signature, typoo or printed native or registated again, and use it appealable (INOTE indigstated Again, Signature required when read \$2,000 // OATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  U0000930591  9. MANAGING MEMBERS/MANAGERS 05/21/08-80116-005 138.75			
9.	MANAGING MEMBERS/MANAGERS	0076	TABLE COLLEGE
TITLE	MGRM		
NAME	LAVERY, IAN C		
STREET ADDRESS CITY-ST-ZIP	6 VALLEY RIDGE FARM HUNTING VALLEY, OH 44022		
	HONTING VALLET, OH 44022		
TITLE NAME		· ·	
STREET ADDRESS		<b>[</b>	
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS		DO NO	r M/DITE
CITY-ST-ZIP	<u> </u>	טא טע	T WRITE
TITLE		IN THIS	SPACE
NAME		1 11110	GIAGE
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME			j
STREET ADDRESS			
CITY-ST-ZIP		•	i
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 or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.			

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE