

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005202

FILED  
May 01, 2009  
Secretary of State

Entity Name: ROLLING STONE FARM LLC

## Current Principal Place of Business:

99 QUAKER BRIDGE ROAD  
CRONTON ON HUDSON, NY 10520

## New Principal Place of Business:

99 QUAKER BRIDGE ROAD  
CROTON ON HUDSON, NY 10520

## Current Mailing Address:

99 QUAKER BRIDGE ROAD  
CRONTON ON HUDSON, NY 10520

## New Mailing Address:

99 QUAKER BRIDGE ROAD  
CROTON ON HUDSON, NY 10520

FEI Number: 26-2081223      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:

REICH, DEBORAH  
12745 SW 16TH AVENUE  
OCALA, FL 34473 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: MGRM ( ) Delete  
Name: REICH, DEBORAH  
Address: 12745 SW 16TH AVENUE  
City-St-Zip: OCALA, FL 34473

Title: MGRM ( ) Delete  
Name: MURPHY, FRANK  
Address: 12745 SW 16TH AVENUE  
City-St-Zip: OCALA, FL 34473

## 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 exemption stated in Chapter 119, 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: DEBORAH REICH

MGRM

05/01/2009

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