

No. W 98269		Due no later than Nov 30, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. LAKESHORE FARMS 2 LLC CHAD M DRAKE 99 HIGH ST 26TH FLOOR BOSTON MA 02110 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	OLIVER WILLIAMS	99 HIGH ST 26TH FLOOR	BOSTON	MA	USA	02110	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE W 98269		Signature: Oliver Williams				Date: 09/27/2012	
		Name (type or print): Oliver Williams				Title: Manager	
Processed 09/27/2012		* Electronically provided signatures are accepted as original signatures.					