2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90004 011 ****50.00

DOCUMENT # L00000004984

1. Entity Name
BLUE GOOSE GROWERS, LLC

Principal Place of Business	Mailing Address
14885 INDRIO ROAD FORT PIERCE FL 34945	14885 INDRIO ROAD FORT PIERCE FL 34945

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
16050 W. ORANGE AVE.		PO BOX 14709	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FORT PIERCE FL		City & State: FORT PIERCE FL	
Zip: 34945	Country: St. Lucie	Zip: 34979	Country: St. Lucie

4. FEI Number 65-0855201 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS, W. THOMAS
14885 INDRIO ROAD
FORT PIERCE FL 34945

7. Name and Address of New Registered Agent

Name: JERKINS, W. THOMAS
Street Address (P.O. Box Number is Not Acceptable): 16050 W. ORANGE AVE.
City: FIRT PIERCE FL Zip Code 34945

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERNARD A EGAN GROVES, INC 1900 OLD DIXIE HIGHWAY FT PIERCE FL 34946	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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: SIGNATURE REQUIRED Glen W. Reed, Exec. Vice President 01/30/2003 (772) 465-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #