

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000016579**

1. Entity Name  
**PASSION GROWERS LLC**



Principal Place of Business  
**C/O LOEB BLOCK & PARTNERS LLP  
505 PARK AVE.  
NEW YORK, NY 10022**

Mailing Address  
**C/O LOEB BLOCK & PARTNERS LLP  
505 PARK AVE.  
NEW YORK, NY 10022**



04082005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1141152**

Applied For  
Not Applicable

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

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRV  
PEISACH, CHERYL  
2999 N.E. 191ST STREET, PH-2  
MIAMI, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRP  
PEISACH, JAIME  
2999 N.E. 191 ST STREET, PH-2  
MIAMI, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SELZER, HERBERT M  
505 PARK AVENUE, 9TH FL.  
NEW YORK, NY 10022**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/28/05-80056-019 50.00

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:**

**Herbert M. Selzer**

**4/21/05**

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

Date

Daytime Phone #