2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000016579

1. Entity Name

PASSION GROWERS LLC



Principal Place of Business

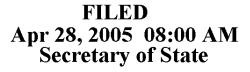
C/O LOEB BLOCK & PARTNERS LLP 505 PARK AVE.

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)

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

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. 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 life if applicable.

MANAGING MEMBERS/MANAGERS

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV PEISACH, CHERYL 2999 N.E. 191ST STREET , PH-2 MIAMI, FL 33180	ÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜÜ
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	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report is true and accurate add 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

Herbert M. Selzer

4/21/05

Daytime Phone #