


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000009572
1. Entity Name
DROP'S EXOTIC FRUITS, LLC



| | |
|---|---|
| Principal Place of Business PO BOX 825022 SOUTH FLORIDA, FL 33082 | Mailing Address PO BOX 825022 SOUTH FLORIDA, FL 33082 |
|---|---|

DO NOT WRITE IN THIS SPACE

01282005 No Chg - LLC CR2E083 (10/03)

| | |
|---|-------------------------------|
| 4. FEI Number 59-3770358 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

HENAO, RODRIGO
1947 NW 171 AVENUE
PEMBROKE PINES, FL 33028

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

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

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HENAO, RODRIGO 1947 NW 171 AVENUE PEMBROKE PINES, FL 33028 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR REGIS, GIANCARLO 1971 NW 171 AVENUE PEMBROKE PINES, FL 33028 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR REGIS, ELENA 1971 NW 171 AVENUE PEMBROKE PINES, FL 33028 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ESTEPA, JOSUE 1947 NW 171 AVENUE PEMBROKE PINES, FL 33028 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

400000215993
02/05/05-80031-007 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:  **1-28-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #