


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000094914</b> 1. Entity Name <b>THE BANANA FUND, L.L.C.</b>	
--	---

Principal Place of Business <b>6183 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014</b>	Mailing Address <b>6183 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014</b>
--	--

**DO NOT WRITE IN THIS SPACE**



02192007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-3525049</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BECK, VIVIAN  
6181 MIAMI LAKES DRIVE  
MIAMI LAKES, FL 33014**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BECK, FRANK 6183 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BECK, VIVIAN 6183 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000644679  
03/02/07-80053-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*2/20/07*

Date

*305 8215121*

Daytime Phone #