FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 FEB 20 PH 3: 54 **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT #**200464 1s. Principal Place of Business Address GERMAN FLORIDA CITRUS, L.C. 1473 HWY 64 WEST 473 HWY 64 WEST WAUCHULA FI 33873 VAUCHULA FL 33873 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 1682 HWY 64 WEST 0/17/1991 FL Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 65-0294502 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country 8 Zb Additional Fre Beginned 02/15/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name KUNKEL, KLAUS 1473 HIGHWAY 64 WEST-Street Address (P.O. Box Number is Not Acceptable) WAUCHULA FL 33873 Zip Code City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE Registered Agent Accepting At intment) (NOTE Registered Agen) signature regulred when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code KUNKEL, KLAUS 473 HICHWAY 64 WEST MCHULA FL 1682 Highway 64 West Wauchula, FL FANTA, GUNTER DORF STR. 60 ¢ermany, rohrbach RECHTENBACHER STR 40 HOFMANN, DIETER **GERMANY**, LOHR 80D002094348---B -02/21/97--01076--001 ****203.75 ****203.75 11. I do hereby certify that the information sypplied with this filing dogs not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #

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