
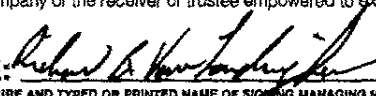


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000003778		
1. Entity Name JUNIPER/C&C GROWERS AND PACKERS, LLC		
Principal Place of Business 2618 BRISTOL HIGHWAY QUINCY, FL 32351	Mailing Address P.O. BOX 38 GREENSBORO, FL 32330	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VANLANDINGHAM, RICHARD 2618 BRISTOL HIGHWAY QUINCY, FL 32351		DO NOT WRITE IN THIS SPACE
5. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR VANLANDINGHAM, RICHARD B 2618 BRISTOL HIGHWAY QUINCY, FL 32351	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR WARE, CLYDE 23 EL VERANO AVENUE ARCADIA, FL 34266	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  Richard B. VanLandingham		Date 4/15/04 Daytime Phone # (850)442-4117



03172004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3641195	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

U000000119480

04/19/04-80102-020 50.00