

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004733

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: BEST HARVEST L.L.C.

**Current Principal Place of Business:**

240 CRANDON BLVD., STE. 260  
MIAMI, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

240 CRANDON BLVD., STE. 260  
MIAMI, FL 33149

**New Mailing Address:**

FEI Number: 65-1008380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEURS, MARCUS  
240 CRANDON BLVD., STE. 260  
MIAMI, FL 33149

**Name and Address of New Registered Agent:**

CFRA, LLC  
ONE HARBOUR PLACE, 5TH FLOOR  
777 SOUTH HARBOUR ISLAND BLVD.  
TAMPA, FL 33602 US

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.

SIGNATURE: WILLIAM ROHRER, AUTHORIZED REP

04/30/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MEURS, MARCUS  
Address: 240 CRANDON BLVD., STE. 260  
City-St-Zip: MIAMI, FL 33149

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARCUS MEURS

MGR

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date