

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004733

Entity Name: BEST HARVEST L.L.C.

FILED  
Apr 26, 2007  
Secretary of State

**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:**

CFRA, LLC  
CORPORATE CENTER THREE AT INT'L PLAZA  
4221 W. BOY SCOUT BLVD, 10TH FLOOR  
TAMPA, FL 336075736 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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 exemption stated in Chapter 119, 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

04/26/2007

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