

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000004984

1. Entity Name
BLUE GOOSE GROWERS, LLC



Principal Place of Business
**16050 W. ORANGE AVE.
FORT PIERCE, FL 34945**

Mailing Address
**PO BOX 14709
FORT PIERCE, FL 34979**



03272007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0855201

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JERKINS, THOMAS W
16050 W. ORANGE AVE.
FORT PIERCE, FL 34945**

**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 **MGR**
NAME **BERNARD A EGAN GROVES, INC**
STREET ADDRESS **1900 OLD DIXIE HIGHWAY**
CITY-ST-ZIP **FT PIERCE, FL 34946**

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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

VP 3/27/07

Date

Daytime Phone #

772
473-9754