


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L00000010034 <b>1. Entity Name</b> FRUIT DYNAMICS, LLC	
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<b>Principal Place of Business</b> 4206 MERCANTILE AVENUE NAPLES, FL 34104	<b>Mailing Address</b> PO BOX 7309 NAPLES, FL 34101
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**DO NOT WRITE IN THIS SPACE**



01192006 No Chg-LLC

CR2E083 (11/05)

<b>4. FEI Number</b> 59-3665327	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

ROBERTS, JACK  
4206 MERCANTILE AVENUE  
NAPLES, FL 34104

**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 re-instating)) **DATE** \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

U000000404239  
02/06/06-80040-025 50.00

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM COLLIER COUNTY PRODUCE, INC. 4206 MERCANTILE AVENUE NAPLES, FL 34104
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
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:** Jack Robert JACK ROBERTS 1/23/05 239 643 7373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #