2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Apr 28, 2005 8:00 am Secretary of State DOCUMENT # L00000010246 1. Entity Name 04-28-2005 90040 031 ****50.00 GRACEWOOD TRADING COMPANY LLC Mailing Address Principal Place of Business 1626 90TH AVENUE VERO BEACH FL 32966 1626 90TH AVENUE VERO BEACH FL 32966 2. Principal Place of Business 3. Mailing Address O. Box 3.70 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Vero Beach, FL 32961 City & State 4. FEI Number Applied For City & State 59-1384474 Not Applicable Zip Country Ζip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 32961 U.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUTHER, JOHN M Street Address (P.O. Box Number is Not Acceptable) **1626 90TH AVENUE** VERO BEACH FL 32966 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Change Addition TITLE MGRM ☐ Delete TITLE GRACEWOOD FRUIT COMPANY, LLC. NAME STREET ADDRESS STREET ADDRESS 1626 90TH AVENUE CITY-ST-7IP CITY-ST-7IP VERO BEACH FL 32966 ☐ Addition ☐ Delete TITLE ☐ Change THILE NAME LUTHER, JOHN M NAME STREET ADDRESS STREET ADDRESS 555 HIGHWAY A1A CITY-ST-ZIP CITY - ST - ZiP VERO BEACH FL 32963 ☐ Delete Change Addition TITLE NAME NAME JARVIS, WILLIAM S STREET ADDRESS STREET ADDRESS 445 GREYTWIG RD. CITY-ST-7IP CITY-ST-7IP VERO BEACH FL 32963 ☐ Change ☐ Addition ☐ Delete TITLE TITLE RUST, GARY M NAME NAME 405-33RD AVE. SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32968 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP ☐ Delete ☐ Change Addition TETLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

4/15/2005