

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L00000015341

1. Entity Name  
FLORES BOYS HARVESTING, LLC



**FILED  
Apr 28, 2005 8:00 am  
Secretary of State**

04-28-2005 90034 023 \*\*\*\*55.00

14005728



04222005 Chg-LLC CR2E083 (10/03)

Principal Place of Business  
401 SR 29 N  
FELDA, FL 33920

Mailing Address  
P.O. BOX 2727  
LABELLE, FL 33975

2. Principal Place of Business  
500 N. 19th St.

3. Mailing Address

Suite, Apt. #, etc.  
#38

Suite, Apt. #, etc.

City & State  
INNOKALEG, FL

City & State

Zip  
34142

Country  
USA

Zip

Country

4. FEI Number  
65-1062610

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FLORES, JUAN P  
400 SR 29 S  
FELDA, FL 33930

Name *JUAN P. FLORES*  
Street Address (P.O. Box Number is Not Acceptable)  
*11300 LAKELAND CIRCLE*

City *FT. MYERS* FL Zip Code *33901*

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 *Juan Pablo Flores*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *04/22/05*

**Filing Fee is \$50.00  
Due by May 1, 2005**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME FLORES, JUAN SR  
STREET ADDRESS 400 SR 29  
CITY-ST-ZIP FELDA, FL 33220

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME FLORES, JOSE  
STREET ADDRESS 400 SR 29  
CITY-ST-ZIP FELDA, FL 33220

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME FLORES, REFUGIO  
STREET ADDRESS 400 SR 29  
CITY-ST-ZIP FELDA, FL 33220

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Juan Pablo Flores*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

2394051.9355

Daytime Phone #