2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# L01000001361

Entity Name: ASTIN STRAWBERRY EXCHANGE, L.L.C.

Current Principal Place of Business:

107 HOLLOWAY RD
PLANT CITY, FL 33567

New Principal Place of Business:

Current Mailing Address:

PO BOX 3837
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 59-3699236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARDNER, J. STEPHEN
3402 S. SAM ASTIN ROAD
PLANT CITY, FL 33566 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:	ASTIN, SAM H III	
Address:	4408 MUDLAKE RD.	
City-St-Zip:	PLANT CITY, FL 33567	
Title:	MGRM	( ) Delete
Name:	ASTIN, BETTY A	
Address:	3402 SAM ASTIN RD.	
City-St-Zip:	PLANT CITY, FL 33566	
Title:	MGRM	( ) Delete
Name:	ASTIN, BUFFY S	
Address:	4408 MUDLAKE RD.	
City-St-Zip:	PLANT CITY, FL 33567	
Title:	MGRM	( ) Delete
Name:	ROBERTS, SUZANNE A	
Address:	3401 SAM ASTIN RD	
City-St-Zip:	PLANT CITY, FL 33566	
Title:	MGRM	( ) Delete
Name:	CARTER, LAURA B	
Address:	3406 SAM ASTIN RD	
City-St-Zip:	PLANT CITY, FL 33566	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: SUZANNE ROBERTS MGRM 01/07/2009

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