

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90021 044 \*\*\*\*50.00

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # L01000002649</b><br>1. Entity Name<br><b>DYLAIN PRODUCE LLC</b>  |   |  |  |  |  |
| Principal Place of Business<br><b>20 S.W. 27TH AVENUE, SUITE 301<br/>POMPANO BEACH, FL 33069</b>   |   |  | Mailing Address<br><b>20 S.W. 27TH AVENUE, SUITE 301<br/>POMPANO BEACH, FL 33069</b>   |  |  |
| 2. Principal Place of Business<br><b>1033 N.W. 31<sup>st</sup> Avenue</b><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>1033 N.W. 31<sup>st</sup> Avenue</b><br>Suite, Apt. #, etc. |  |  |  |
| City & State<br><b>Pompano Beach, FL</b><br>Zip<br><b>33069</b>  |   | City & State<br><b>Pompano Beach, FL</b><br>Zip<br><b>33069</b>                      |  | 4. FEI Number<br><b>65-1079053</b>                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent<br><b>KISLIN, DREW G<br/>20 S.W. 27TH AVENUE, SUITE 301<br/>POMPANO BEACH, FL 33069</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>                         |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>M<br/>KISLIN, DREW<br/>8683 SAWPINE RD<br/>DELRAY BEACH, FL 33446</b>    | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>KISLIN, JODI<br/>8683 SAWPINE RD<br/>DELRAY BEACH, FL 33446</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |  |  |
| 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. |   |  |  |  |  |
| <b>SIGNATURE: </b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  |  |  |  |
| Date   |   |  |  | Daytime Phone #  |  |