2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002528

Entity Name: THE THOMAS COLACE COMPANY, LLC

FILED Jan 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142

Current Mailing Address: New Mailing Address:

315 EAST NEW MARKET ROAD P.O. BOX 3088

IMMOKALEE, FL 34142 IMMOKALEE, FL 341433088 US

FEI Number: 02-0543105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEISINGER, SHERYL A WHITESMAN, GUY E 1715 MONROE STREET 315 EAST NEW MARKET ROAD FORT MYERS, FL 33901 US IMMOKALEE, FL 34142

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: GUY E. WHITESMAN 01/30/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

PST Title: () Delete (X) Change () Addition WEISINGER, SHERYL A BETTER FRUITS & VEGE, TABLES, LLC Name: Name: 315 EAST NEW MARKET ROAD Address: 315 EAST NEW MARKET ROAD Address:

City-St-Zip: IMMOKALEE, FL 34142 City-St-Zip: IMMOKALEE, FL 34142

Title: () Delete Title: (X) Change () Addition

DESSAK, PETER Name: WEISINGER, SHERYL A Name: Address: 315 EAST NEW MARKET ROAD Address: 315 EAST NEW MARKET ROAD City-St-Zip: IMMOKALEE, FL 34142 City-St-Zip: IMMOKALEE, FL 34142

Title: Title: (X) Change () Addition () Delete

PRESS, MAX Name: PRESS, MAX Name:

315 E NEW MARKET RD Address: 315 E NEW MARKET RD Address: City-St-Zip: IMMOKALEE, FL 34142 City-St-Zip: IMMOKALEE, FL 34142

() Change (X) Addition Title: () Delete Title:

Name: Name: WEISINGER, JAIME

315 EAST NEW MARKET ROAD Address: Address: City-St-Zip: City-St-Zip: IMMOKALEE, FL 34142 US

Title: () Delete Title: () Change (X) Addition

DESSAK, PETER Name: Name:

315 EAST NEW MARKET ROAD Address: Address: City-St-Zip: City-St-Zip: IMMOKALEE, FL 34142 US

Title: () Delete Title: () Change (X) Addition

PURSE, TOBY K Name: Name: Address: Address:

315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TOBY K. PURSE 01/30/2007