


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90150 043 ****50.00

DOCUMENT # L02000017172 1. Entity Name LFC INTERNATIONAL, LLC	
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Principal Place of Business 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142	Mailing Address POST OFFICE BOX 3088 IMMOKALEE, FL 34143
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DO NOT WRITE IN THIS SPACE



01122006No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WEISINGER, SHERYL A 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WEISINGER, SHERYL A 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DESSAK, PETER A 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRESS, MAX 315 E NEW MARKET RD IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Sheryl A. Weisinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/13/06 239-657-4421
Date Daytime Phone #

SHERYL A WEISINGER