

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90106 049 \*\*\*\*50.00

20040504



04142005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L02000026935</b>	
1. Entity Name <b>H&amp;R PACKING &amp; SALES COMPANY, LLC</b>	



Principal Place of Business <b>4790 N. OLD DIXIE HWY VERO BEACH, FL 32967</b>	Mailing Address <b>PO BOX 2470 VERO BEACH, FL 32961</b>
--	--

2. Principal Place of Business <b>3034 N. Kings Hwy</b> Suite, Apt. #, etc.	3. Mailing Address <b>3034 N. Kings Hwy</b> Suite, Apt. #, etc.
---	---

City & State <b>Ft. Pierce, FL</b>	City & State <b>Ft. Pierce, FL</b>
Zip <b>34951</b>	Zip <b>34951</b>
Country <b>SL</b>	Country <b>SL</b>

4. FEI Number <b>55-0801768</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>EVANS, RALPH L 3355 OCEAN DRIVE VERO BEACH, FL 32963</b>	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RUBRO, MIGUEL 4316 2ND SQUARE SW. VERO BEACH, FL 32968</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Rubio, Miguel 4316 2nd Square SW Vero Beach, FL 32968</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HAMILZON, ROBERT J 3534 ELEVEN MILE RD., FORT PIERCE, FL 34945</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>IMGRM Hamilton, Robert J. 2009 Coconut Dr. Ft. Pierce, FL 34949</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u><i>Miguel E. Rubio</i></u>	Date: <u>4/20/05</u>	Daytime Phone #: <u>742 489-3632</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		