


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 28, 2007 8:00 am**  
**Secretary of State**

08-28-2007 90065 046 \*\*\*\*50.00

<b>DOCUMENT # L03000011147</b>	
1. Entity Name <b>KINGMAN-PLUMMER GROWERS LLC</b>	

Principal Place of Business <b>P.O. BOX 140234 CORAL GABLES FL 33114</b>	Mailing Address <b>P.O. BOX 140234 CORAL GABLES FL 33114</b>
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2. Principal Place of Business - No P.O. Box # <b>115 CANABRIA AVE</b>	3. Mailing Address <b>PO BOX 140234</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/07)

City & State <b>CORAL GABLES FL</b>	City & State <b>CORAL GABLES FL</b>
Zip <b>33134</b>	Zip <b>33114-0234</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>55-0824545</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>SOUSA, RINEL 255 ALHAMBRA CIRCLE, SUITE 715 CORAL GABLES FL 33134</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

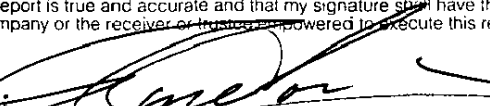
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUSA, RINEL P.O. BOX 140234 CORAL GABLES FL 33114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUSA, PILAR P.O. BOX 140234 CORAL GABLES FL 33114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUSA, RANDALL P.O. BOX 140234 CORAL GABLES FL 33114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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.

**SIGNATURE:**  **8/21/07** **305 063 1533**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #