FILED
Jun 10, 2004 8:00 am
Secretary of State
05-03-2004 90149 037 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000018343

1. Entity Name
FLORIDA AGRICULTURAL PRODUCTS, LLC

Principal Place of Business	Mailing Address
19741 NE 24TH AVENUE MIAMI, FL 33180	19741 NE 24TH AVENUE MIAMI, FL 33180

04202004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 47-0599998 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THE LAW OFFICES OF CRAIG M. DORNE, P.A.
407 LINCOLN ROAD, PENTHOUSE SOUTHEAST
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________________ DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	managing partner	TITLE	
NAME	Kimberly Pushkin	NAME	
STREET ADDRESS	~~[illegible] NE 162 St N Miami Beach Fl 33162~~	STREET ADDRESS	
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	2154 NE 162 ST.	TITLE	
NAME		NAME	
STREET ADDRESS	N MIAMI BEACH Fl	STREET ADDRESS	
CITY-ST-ZIP	33162 ☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	☐ Change ☐ 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: Craig Dorne CRAIG M. DORNE P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE