

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021894

FILED
Jul 10, 2005
Secretary of State

Entity Name: SUNCOAST GROWERS, LLC

Current Principal Place of Business:

1559 S.E. WALSTON ROAD
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

1559 S.E. WALSTON ROAD
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 76-0735925 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PARSONS, GENE
1559 S.E. WALSTON ROAD
ARCADIA, FL 34266 US

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THE EDWIN E. PARSONS, REVOCABLE TRU S T
Address: 1559 S.E. WALSTON ROAD
City-St-Zip: ARCADIA, FL 34266

Title: MGRM () Delete
Name: PARSONS, GENE
Address: 1559 S.E. WALSTON ROAD
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GENE PARSONS

MGRM

07/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date