


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000022427</b> 1. Entity Name SWANQUARTER PRODUCE PACKAGING AND SALES, LLC	
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Principal Place of Business 2634 N.W. FLINT ROAD ARCADIA, FL 34266	Mailing Address 2634 N.W. FLINT ROAD ARCADIA, FL 34266
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**DO NOT WRITE IN THIS SPACE**



08192005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0029424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  BROWN, FLETCHER 124 N. BREVARD AVE. ARCADIA, FL 34266	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FLINT, ROBERT J 2634 NW FLINT ROAD ARCADIA, FL 34266
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09/26/05--20002-008 50.00

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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: Robert J. Flint 8/16/2005 863-494-5277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ROBERT J. FLINT