2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 01, 2006 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # L03000024708 1. Entity Name 03-01-2006 90229 030 ****50.00 DRAGON FRUIT, L.L.C. Principal Place of Business Mailing Address 31801 S.W. 202 AVE. HOMESTEAD FL 33030 31801 S.W. 202 AVE. HOMESTEAD FL 33030 2. Principal Ptace of Business 3. Mailing Address 20195 5 W 320 STREE 20195 5 W 320 STEED Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 20-0390585 HOMESEED, HOMESTEAD, Not Applicable \$5.00 Additional 5. Certificate of Status Desired 330 30 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JUNG, CHARLES 31801 SOUTHWEST 202 AVENUE Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD FL 33030. 20195 SW 320 ST. Zip Code *330 ラ 0* 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR TITLE Change ■ Addition TITLE MGR Detete JUNG, CHAPLES NAME NAME JUNG, CHARLES 20195 SW 320 ST. STREET ADDRESS STREET ADDRESS 31801 S.W. 202 AVE. CITY-ST-ZIP HOMESTEAD FL 33030 CITY-ST-ZIP HOMESTEAD, FL 33030 ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

MAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #