2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# L04000021604

Entity Name: TROPICAL GOLDEN HARVEST, LLC

Current Principal Place of Business:

4444 SW YAMADA DRIVE
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

5733 NW 49TH AVE
ROCHESTER, MN 55901 US

New Mailing Address:

FEI Number: 56-2338127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OURN, VARIN S
4444 SW YAMADA DRIVE
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGR ( ) Delete
Name: OURN, VARIN S
Address: 4444 SW YAMADA DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

ADDITIONS/CHANGES:

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: VARIN OURN MGR 04/11/2005

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