2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 28, 2008 8:00 am Secretary of State

ANNOAL ILI OILI					Secretary or State				
DOCUMENT # L0400040050 1. Entity Name DUNAGAN'S FRUIT GROVES, LLC						03-28-200	08 90172 0)40 ***1:	38.75
Principal Place of Business 15025 SW 232 STREET GOULDS, FL 33170		Mailing Address 15025 SW 232 STREET GOULDS, FL 33170 US		60017885					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03082008	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State		4. FEI Numb		10000	 	plied For t Applicable	
Zip	Country	Zip	Country			of Status Desired		5.00 Add	itional
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New	Registered Ag	ent	
			Name	· · · · · · · · · · · · · · · · · · ·					
DUNAGAN, LARRY W 15025 SW 232 STREET GOULDS, FL 33170			Street Address		(P.O. Box Number is Not Acceptable)				
GOOLDS,	FL 33170								
			City		•		FL	Zip Code	•
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office	or register	ed agent, or bo	th, in the State of F	lorida. I am fa	miliar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent sign	nature required	when reinstation)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75									
		5					ke check pa la Departme) .
After May	7 1, 2008 Fee will be \$538.7					Florid	ke check pa la Departme		3 .
9.	MANAGING MEMBI		10. 11/LE			Florid	ke check pa la Departme		Addition
After May 9.	7 1, 2008 Fee will be \$538.7	ERS/MANAGERS	10.			Florid	ke check pa la Departme	nt of State	
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I nereuly certify that the information supplied with time tiling does not quality for the exemptions contained in Chapter 119, Florida Statutes. Further certify that the information indicated on this report is true and accurate and hat noy 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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNANG MANAGING MEMBERS, DANAGER, OR AUTHORIZED REPRESENTATIVE

3/24/2008

305-241-1793

Daytime Phone #