

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049284

FILED
Apr 29, 2007
Secretary of State

Entity Name: EVERGLADES FRUITSTAND, LLC

Current Principal Place of Business:

35701 SOUTHWEST 192ND AVENUE
HOMESTEAD, FL 33034

New Principal Place of Business:

Current Mailing Address:

35601 SOUTHWEST 192ND AVENUE
HOMESTEAD, FL 33034

New Mailing Address:

FEI Number: 20-1327989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

FREER, ROBERT W PRES
35601 SW 192 AV
HOMESTEAD, FL 33034 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: ROBERT W FREER

04/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FREER, ROBERT JR.
Address: 35701 SOUTHWEST 192ND AVENUE
City-St-Zip: HOMESTEAD, FL 33034

Title: MGR () Delete
Name: TANSEY, BARBARA
Address: 35701 SOUTHWEST 192ND AVENUE
City-St-Zip: HOMESTEAD, FL 33034

Title: S () Delete
Name: BARRY, TIMOTHY
Address: 35701 SOUTHWEST 192ND AVENUE
City-St-Zip: HOMESTEAD, FL 33034

Title: T () Delete
Name: FREER, ROBERT JR.
Address: 35701 SOUTHWEST 192ND AVENUE
City-St-Zip: HOMESTEAD, FL 33034

ADDITIONS/CHANGES:

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

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

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 exemption stated in Chapter 119, 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: ROBERT W FREER

MGR

04/29/2007

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