2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Sep 12, 2005 8:00 am Secretary of State **DOCUMENT # L04000052079** 1. Entity Name CRACKER TRAIL PRODUCE LLC 09-12-2005 90121 024 ****50.00 Principal Place of Business Mailing Address 4840 18TH STREET **4540 18TH STREET** ********** *(*vero Beach, Fl. 32966 VERO BEACH, FL 32966 2. Principal Place of Business 3. Mailing Address 18th STREET 695 US HIBHWA 4540 Suite, Apt. #, etc. Suite, Apt. #, etc. 06302005 Chg-LLC CR2E083 (10/03) City & State VERO BEACH, FluRIDA City & State 4. FEI Number Applied For VERO BEACH 16-1706614 Not Applicable ^{Zip} 32966 Country US A \$5.00 Additional 5. Certificate of Status Desired -6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARK ROWALD CASE, DOUGLAS M ESQ. Street Address (P.O. Box Number is Not Acceptable) RÓSSWAY MOORE & TAYLOR 5070 NORTH HIGHWAY A-1-A, SUITE 200 18TH STREET VERO BEACH, FL 32963 City VERO 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 _ Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES / MANAGER PRINCIPAL PLACE OF BISINESS TIFLE OWNER Delete TITLE MARK BYOUNG CRACKER TRAIL PRODUCE LLC NAME NAME 4540 18TH STREET 4540 18TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BENCH, FL. 32966 VERO BEACH , FL. 3291d CITY-St. 7IP TITI F CASE, DOUGLAS M. ESQ HILE ☐ Change ☐ Addition NAME ROSSWAY NIOCRE + TAYLOR NAME 5070 NORTH HIGHWAY AIA, SCITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VEROBEACH, FI 32963 TITLE ☐ Delete TITLE Change ■ Addition NAME 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 ☐ Delete IIILE ☐ Change ☐ Addition NAME 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 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.