


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000059953

1. Entity Name
T & E HARVEST HOLDING LLC



Principal Place of Business Mailing Address

3226 CHADWICK RD **3226 CHADWICK RD**
APOPKA, FL 32703 **APOPKA, FL 32703**

DO NOT WRITE IN THIS SPACE



04052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
20-1486261 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KERN, EDWARD W
3226 CHADWICK RD
APOPKA, FL 32703

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 U00000500128
Due by May 1, 2006 04/25/06-80010-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KERN, THOMAS G 1756 WATERBEACH CT APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KERN, EDWARD W 3226 CHADWICK RD APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE:  **Edward Kern** ^{MGRM} 4/5/06 407-947-0927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #