
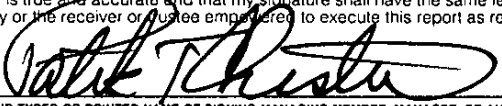


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90034 006 \*\*\*\*50.00

<b>DOCUMENT # L04000088839</b>					
1. Entity Name <b>LABOR FRUITS, LLC</b>					
Principal Place of Business <b>736 UPLAND ROAD WEST PALM BEACH, FL 33401</b>			Mailing Address <b>736 UPLAND ROAD WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CHRISTIENSEN, PATRICK T ESQ 255 SOUTH ORANGE AVENUE, SUITE 1700 ORLANDO, FL 32801</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE		<input type="checkbox"/> Delete	TITLE	Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Sean C. Christiansen	
STREET ADDRESS			STREET ADDRESS	736 Upland Road	
CITY-ST-ZIP			CITY-ST-ZIP	West Palm Beach, Florida 33401	
TITLE		<input type="checkbox"/> Delete	TITLE	Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Patrick T. Christiansen	
STREET ADDRESS			STREET ADDRESS	255 South Orange Avenue, Suite 1700	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, Florida 32801	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: 			4.25.05 407.489.8545		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



40030533

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number ☒ Applied For  
Not Applicable

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