

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90231 005 \*\*\*\*50.00

<b>DOCUMENT # L04000088839</b> 1. Entity Name <b>LABOR FRUITS, LLC</b>					
Principal Place of Business <b>736 UPLAND ROAD</b> <b>WEST PALM BEACH, FL 33401</b>			Mailing Address <b>736 UPLAND ROAD</b> <b>WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business <b>4050 Shorecrest Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>4050 Shorecrest Drive</b> Suite, Apt. #, etc.			
City & State <b>Orlando, Florida</b>		City & State <b>Orlando, Florida</b>		4. FEI Number <b>APPLIED FOR 510-53-1654</b>	
Zip <b>32804</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHRISTIANSEN, PATRICK T ESQ</b> <b>255 SOUTH ORANGE AVENUE, SUITE 1700</b> <b>ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name <b>Patrick T. Christiansen, Esquire</b> Street Address (P.O. Box Number is Not Acceptable) <b>420 South Orange Avenue, Suite 1200</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32801</b>		
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 the registered agent. SIGNATURE <span style="float: right;">2/20/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Patrick T. Christiansen</b> <b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>CHRISTIANSEN, SEAN C</b> <b>736 UPLAND RD</b> <b>WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Sean C. Christiansen</b> <b>4050 Shorecrest Drive</b> <b>Orlando, Florida 32804</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>CHRISTIANSEN, PATRICK T</b> <b>255 SOUTH ORANGE AVE, SUITE 1700</b> <b>ORLANDO, FL 32801</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Patrick T. Christiansen</b> <b>420 South Orange Avenue, Suite 1200</b> <b>Orlando, Florida 32801</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:			2/20/06 407.423.4000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>Patrick T. Christiansen</b>			Date Daytime Phone #		