

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023390

Entity Name: HEARTLAND ORGANICS, LLC

FILED  
Apr 25, 2006  
Secretary of State

## Current Principal Place of Business:

2159 NW LASSIE BLACK STREET  
WHITE SPRINGS, FL 32096 US

## New Principal Place of Business:

2920 COUNTY ROAD 136  
#5  
WHITE SPRINGS, FL 32096 US

## Current Mailing Address:

2159 NW LASSIE BLACK STREET  
WHITE SPRINGS, FL 32096 US

## New Mailing Address:

26145 SW 194 AVENUE  
HOMESTEAD, FL 33031 US

FEI Number: 20-2482407

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JENNINGS, JAMES B  
2159 NW LASSIE BLACK STREET  
WHITE SPRINGS, FL 32096 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: JENNINGS FARMS, INC,  
Address: 2159 NW LASSIE BLACK STREET  
City-St-Zip: WHITE SPRINGS, FL 32096 US

Title: MGRM ( ) Delete  
Name: SUNRISE GROWERS, INC,  
Address: 26145 SW 194 AVE  
City-St-Zip: HOMESTEAD, FL 32096 US

## ADDITIONS/CHANGES:

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 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: MICHAEL L. CAUSLEY

MGR

04/25/2006

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