## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000047721  1. Entity Name ULTRA FRESH FOOD PROCESSING, LLC							01-30-2006	5 901 50 048 **	**50.00
Principal Place of Business			Mailing Address			1			
315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142			P.O. BOX 3088 IMMOXALEE, FL 34143				II4 BEIGI B164 E B15 B B15 B B65	SCIN FIGH ISNU MAIN HABL (	SODI IN IDEA
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01122006	Chg-LLC	CR2E083 (11/05)		
City & State			City & State		4. FEI Numi 20 -	412511	<b>→</b>	pplied For ot Applicable	
Zíp	ŀ	Country Zip Cour		Count	Iry	5. Certificat	e of Status Desired	55.00 Ad	
	6. Name s	and Address of Current				7. Name an	d Address of New Re	gistered Agent	
WHITESMAN, GUY E			Name		Name	· · · · ·			
1715 MONROE STREET FT. MYERS, FL 33901			Str		Street Address (	reet Address (P.O. Box Number is Not Acceptable)			
· .									
					City			FL Zip Coo	6
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	grature, typed o	profiled name of registered agent a	nd ide if applicable. (NOT	E: Registered	Agent signature required	d when remetating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2006							check payable to Department of Stat	9	
9.		MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS/C	HANGES	
NAME O	MGR	DESSAK	October	TITLE				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	315 E. Immo	NEW MARKE KALEE, PL OY	r RD. 442	STREE	ET ADDRESS SI-ZIP				
TITLE NAME		<del>,</del> .	Delete	TITLE				Change	Addition
STREET ADDRESS				NAME	T ADDRESS				ŀ
CITY-ST-ZIP				CITY-	ST-ZIP				
TITLE NAMÉ			☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS				STREE	T ADDRESS				
CITY-ST-ZIP		····	☐ Delete	CITY-	ST- ZIP	<del> </del>		Change	Addition
NAME				NAME	ļ			C citaliga	
STREET ADORESS CATY-ST-ZLP			•		T ADORESS ST-ZIP				I
		· ·- · · · · · · · · · · · · · · · · ·		UIT.					
TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Delete	1171.6				☐ Change	Addition
NAME STREET ADDRESS			☐ Delote	TITLE NAME STREE	T ADORESS			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREE CITY-	T ADDRESS SI-ZIP			<u>.</u>	
NAME STREET ADDRESS			☐ Deleta	TITLE NAME STREE	T ADORESS S1-ZIP			☐ Change	Addition Addition
PAMAN TEST ACCRESS CITY-57-71  PATE TO THE T				TITLE NAME STREE CIFY- TITLE NAME STREE	T ADDRESS ST-ZIP			<u>.</u>	
NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  11.   Denriby Cei	ortily that the	information supplied with is true and accurate and	☐ Daiete	TITLE NAME STREE CITY- TITLE NAME STREE CITY-	T ADDRESS S1-ZP T ADDRESS S1-ZP DIstings contained	in Chapter 119,	, Florida Statutes, I lunt h: that I am a mananin	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby cei indicated or	n this report	is true and accurate and I	□ Delete	TITLE NAME STREE CIFY- TITLE NAME STREE CITY- The exentine same	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS split as if make the contained legal effect as if make the conta	nade under oatl	h; that I am a managin	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby cer indicated or	n this report ility company	is true and accurate and I	Dates this filing does not qualify for that my signature shall have	TITLE NAME STREE CIFY- TITLE NAME STREE CITY- The exentine same	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS split as if make the contained legal effect as if make the conta	nade under oatl	h; that I am a managin	☐ Change	Addition Addition



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2006

ULTRA FRESH FOOD PROCESSING, LLC P.O. BOX 3088 IMMOKALEE, FL 34143

Subject: ULTRA FRESH FOOD PROCESSING, LLC

Reference Number:

L05000047721

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need-further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ ANNUAL REPORTS SECTION