2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2008
Secretary of State

DOCUMENT# L05000090008

Entity Name: NEW HARVEST GROUP LLC

Current Principal Place of Business:

9300 INDEPENDENCE WAY
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

9300 INDEPENDENCE WAY
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 03-0570036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAWFORD, BARBARA F
9300 INDEPENDENCE WAY
FORT MYERS, FL 33913 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: CRAWFORD, BARBARA F
Address: 9300 INDEPENDENCE WAY
City-St-Zip: FORT MYERS, FL 33913

Title: MGRM ( ) Delete
Name: LIEBERMAN, BARBARA A
Address: 8103 WOODRIDGE POINT DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM ( ) Delete
Name: PHILBRICK, MARY E
Address: 26 MANOS DRIVE
City-St-Zip: CHICOPEE, MA 01020

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CRAWFORD, BARBARA F
Address: 9300 INDEPENDENCE WAY
City-St-Zip: FORT MYERS, FL 33913

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 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: BARBARA F. CRAWFORD MGR 01/23/2008

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