

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090008

Entity Name: NEW HARVEST GROUP LLC

FILED  
Aug 03, 2009  
Secretary of State

## Current Principal Place of Business:

9300 INDEPENDENCE WAY  
FORT MYERS, FL 33913

## New Principal Place of Business:

13441 SABAL POINT DRIVE  
FORT MYERS, FL 33905

## Current Mailing Address:

9300 INDEPENDENCE WAY  
FORT MYERS, FL 33913

## New Mailing Address:

13441 SABAL POINT DRIVE  
FORT MYERS, FL 33905

FEI Number: 03-0570036      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## 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:

CRAWFORD, BARBARA F  
13441 SABAL POINT DRIVE  
FORT MYERS, FL 33905      US

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: BARBARA F. CRAWFORD

08/03/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) 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: 13441 SABAL POINT DRIVE  
City-St-Zip: FORT MYERS, FL 33905

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

08/03/2009

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