
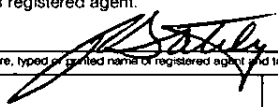



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90185 015 \*\*\*\*50.00

<b>DOCUMENT # L05000109181</b> 1. Entity Name <b>CHIQUITA INVESTMENTS, LLC</b>					
Principal Place of Business <b>5848 CAPE HARBOUR DRIVE CAPE CORAL, FL 33914</b>			Mailing Address <b>5848 CAPE HARBOUR DRIVE CAPE CORAL, FL 33914</b>		
2. Principal Place of Business <b>5501 CHIQUITA BLVD</b>		3. Mailing Address <b>5501 CHIQUITA BLVD</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>CAPE CORAL, FL</b>		City & State <b>CAPE CORAL, FL</b>		4. FEI Number <b>20-4004135</b>	
Zip <b>33914</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>DURANT, MICHAEL A 2210 VANDERBILT BEACH ROAD, SUITE 1201 NAPLES, FL 34109</b>		7. Name and Address of New Registered Agent Name <b>JEFFREY GATELY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1805 PICCADILLY CIRCLE</b> City <b>CAPE CORAL</b> <b>FL</b> Zip Code <b>33991</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 registered agent.					
SIGNATURE  DATE <b>2/9/06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GATELY, JEFFREY S 1805 PICCADILLY CIRCLE CAPE CORAL, FL 33991</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JOHNSON, TODD 2389 PINWOODS CIRCLE NAPLES, FL 34105</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  DATE <b>2/9/06</b> DAYTIME PHONE # <b>239-542-0200</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					