


**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90086 016 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L05000119163</b> 1. Entity Name <b>MISSION FARMS INTERNATIONAL INVESTMENT, LLC</b>	
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Principal Place of Business <b>13412 57TH PLACE SOUTH          WELLINGTON, FL 33467</b>	Mailing Address <b>13412 57TH PLACE SOUTH          WELLINGTON, FL 33467</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01252007 Chg-LLC CR2E083 (12/06)

<b>6. Name and Address of Current Registered Agent</b> <b>METZGER, JOHN T</b> <b>250 AUSTRALIAN AVENUE, SUITE 700</b> <b>MCDONALD HOPKINS CO., P.A.</b> <b>WEST PALM BEACH, FL 33401</b>	<b>7. Name and Address of New Registered Agent</b> Name <b>FRANKLIN HOET</b> Street Address (P.O. Box Number is Not Acceptable) <b>13412 57TH PLACE SOUTH</b> City <b>WELLINGTON</b> <b>FL</b> Zip Code <b>33467</b>
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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 *Franklin Hoet* (NOTE: Registered Agent signature required when reinstating) DATE 01/23/2007

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>HOET, FRANKLIN</b> <input type="checkbox"/> Delete <b>13412 57TH PLACE SOUTH</b> <b>WELLINGTON, FL 33467</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Franklin Hoet* DATE: 01/23/07 DAYTIME PHONE #: 561-3836793