2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Apr 10, 2007 8:00 am Secretary of State **DOCUMENT # L06000016691** 04-10-2007 90082 048 ****50.00 1. Entity Name FRUITMA, LLC Principal Place of Business Mailing Address **UUUUZV**UU 786 S. ORANGE AVENUE 786 S. ORANGE AVENUE SARASOTA, FL 34236 SARASOTA, FL 34236 02072007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4363876 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MYERS, TROY H JR DO NOT WRITE 2033 MAIN STREET SUITE 600 IN THIS SPACE SARASOTA, FL. 34237 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MAYR, FRIEDRICH NAME STREET ADDRESS 786 S. ORANGE AVENUE CITY-ST-ZIP SARASOTA, FL 34236 TITLE NAME STREET ADDRESS CITY-ST-7iP TITLE NAME STREET ADDRESS DO NOT WRITE CJTY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

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 AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04-06-07

FILED