


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90050 012 ****50.00

DOCUMENT # L06000032204		
1. Entity Name IMMOKALEE PRODUCE CENTER, LLC		

b0043631



Principal Place of Business 100 STATE ROAD 29 NORTH FELDA, FL 33930	Mailing Address P.O. BOX 459 FELDA, FL 33930
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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	Zip	Country

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5720827	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SALAZAR, JOEL 100 STATE ROAD 29 NORTH FELDA, FL 33930		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	MGRM SALAZAR, JOEL 100 STATE ROAD 29 NORTH FELDA, FL 33930 <input type="checkbox"/> Delete	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.

AGENT FOR:

SIGNATURE:

Jon G. Lantz, CPA

JOEL S. SALAZAR 4-24-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #