


**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90434 011 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

|   |   |
|---|---|
| <b>DOCUMENT # L06000035266</b><br>1. Entity Name<br><b>MISSION FARMS EVERGLADES INVESTMENT, LLC</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>13412 57TH PLACE SOUTH<br/>         WELLINGTON, FL 33467</b> | Mailing Address<br><b>13412 57TH PLACE SOUTH<br/>         WELLINGTON, FL 33467</b> |
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|   |   |                                  |
|---|---|----------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. | 01122007 Chg-LLC CR2E083 (12/06) |
|---|---|----------------------------------|

|                             |                             |   |
|-----------------------------|-----------------------------|---|
| City & State<br>Zip Country | City & State<br>Zip Country | 4. FEI Number <b>20-4639999</b> Applied For<br>Not Applicable |
|-----------------------------|-----------------------------|---|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>METZGER, JOHN T ESQ.<br/>         MCDONALD HOPKINS CO., P.A.<br/>         250 AUSTRALIAN AVENUE SOUTH, SUITE 700<br/>         WEST PALM BEACH, FL 33401</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 *John Metzger* (NOTE: Registered Agent signature required when reinstating) DATE 3/21/07

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>FRANKLIN T. HOET<br/>13412 57TH PL S<br/>WELLINGTON FL 33467</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: *John Metzger* DATE: 03/23/07

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