


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90171 005 ****50.00

DOCUMENT # L06000046888	
1. Entity Name FRUTA FRESCA, LLC	

Principal Place of Business 2045 14TH AVENUE VERO BEACH, FL 32960 US	Mailing Address 2045 14TH AVENUE VERO BEACH, FL 32960 US
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2. Principal Place of Business - No P.O. Box # 6125 Atlantic Blvd	3. Mailing Address PO Box 1266
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Vero Beach, FL	City & State Vero Beach, FL
Zip 32966	Zip 32961
Country USA	Country USA



04112007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4864113	Applied For <input type="checkbox"/> 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 ROSSWAY-MOORE & TAYLOR, P.L.C. 5070 NORTH HIGHWAY A-1-A SUITE 200 VERO BEACH, FL 32963	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input checked="" type="checkbox"/> Delete	TITLE marm	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BANACK, WILTON R		NAME Banack, Sidney M	
STREET ADDRESS 2045 14TH AVENUE		STREET ADDRESS 6125 Atlantic Blvd	
CITY-ST-ZIP VERO BEACH, FL 32960		CITY-ST-ZIP Vero Beach, FL 32966	
TITLE	<input type="checkbox"/> Delete	TITLE marm	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Banack, Wilton R.	
STREET ADDRESS		STREET ADDRESS 6125 Atlantic Blvd	
CITY-ST-ZIP		CITY-ST-ZIP Vero Beach, FL 32966	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 4/27/07	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		