2008 LIMITED LIABILITY COMPANY

Apr 28, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L06000046888 04-28-2008 90047 011 ***138.75 FRUTA FRESCA, LLC Principal Place of Business Mailing Address 6125 ATLANTIS BLVD PO BOX 1266 60030290 VERO BEACH, FL 32966 115 VERO BEACH, FL 32961 US 2. Principal Place of Business - No P.O. Box 3. Mailing Address 6125 Atlantic Suite, Apt. #, etc Suite, Apt. #, etc. 04112008 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Vero 20-4864113 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSSWAY MOORE & TAYLOR, P.L.C. Street Address (P.O. Box Number is Not Acceptable) 5070 NORTH HIGHWAY A-1-A SUITE 200 VERO BEACH, FL 32963 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10 MGRM TITLE Delete TITLE ☐ Change ☐ Addition BANACK, SIDNEY M NAME NAME STREET ADDRESS 6125 ATLANTIC BLVD STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32966 CITY-ST-7IP TITLE ☐ Delete TITLE MGRM ☐ Addition Banack, Wilton B. vd. BANACK, WILLIAM R NAME NAME STREET ADDRESS 6125 ATLANTIC BLVD STREET ADDRESS Vero Beach, FL. 32966 VERO BEACH, FL 32966 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TIT! E ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Oelete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED