2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L06000067528 1. Entity Name DRACAENA CANE COMPANY, LLC

FILED Apr 09, 2008 08:00 Al Secretary of State

Principal Place of Business

C/O 17170 WHITE HAVEN DRIVE BOCA RATON, FL 33496 US

C/O 17170 WHITE HAVEN DRIVE BOCA RATON, FL 33496 US

Mailing Address



01312008 No Chg-LLC

CR2E083 (12/07)

(541)562-2221

Daytime Phone #

4-7-08

4.	FEI Number		Applied For
	20-5877117		Not Applicable
5.	Certificate of Status Desired	\$5.00	Additional

DO NOT WRITE IN THIS SPACE

CLIFFORD I. HERTZ, P.A.

6. Name and Address of Current Registered Agent

ONE NO. CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401

SIGNATURE

DO NOT WRITE IN THIS SPACE

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 late it applicable (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS/MANAGERS		U00000888388		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEGUM, WAYNE 17170 WHITE HAVEN DR BOCA RATON, FL 33496		3/22/08-80009-024 138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THI	S SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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 accordate 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 certify or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE