2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L06000083023

Entity Name: NATURE'S HARVEST FRUIT, LLC

Current Principal Place of Business:

1374 E SR 44
WILDWOOD, FL 34785 US

New Principal Place of Business:

Current Mailing Address:

1374 E SR 44
WILDWOOD, FL 34785 US

New Mailing Address:

FEI Number: 20-5415978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTIZ, GEORGE
1515 E SILVER SPRINGS BLVD.
SUITE 128
OCALA, FL 33470 US

Name and Address of New Registered Agent:

ORTIZ, GEORGE
1515 E SILVER SPRINGS BLVD.
SUITE 204
OCALA, FL 33470 US

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.

SIGNATURE: _____ 04/15/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JENNINGS, AUDREY
Address: 1374 E SR 44
City-St-Zip: WILDWOOD, FL 34785 US

Title: MGRM ( ) Delete
Name: FESSENDEN, BLAKE
Address: 1374 E SR 44
City-St-Zip: WILDWOOD, FL 34785 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: JENNINGS, LANA
Address: 1374 E SR 44
City-St-Zip: WILDWOOD, FL 34785 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AUDREY JENNINGS MGRM 04/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date