2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE ELUIS Campano E. Luis Campano SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jan 18, 2008 8:00 am Secretary of State

863-607-SbS6

Date

DOCUMENT # L06000106304 1. Entity Name CROWN HARVEST PRODUCE SALES, LLC								01-18-2008	90020	01 / ***13	8./5	
Principal Plac 2811 N. AIRI PLANT CITY,	Port RD.	3	Mailing Address 2811 N. AIRPORT RD. PLANT CITY, FL 33563				f a b b (3 b) b (1)	48165	CI IICII G3163	-	erei iki ieri	
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Address									
Suite, Apt.	#, etc.	. <u>-</u>	Suite, Apt. #, etc.				01152008	Chg-LLC		083 (12/06)		
City & State			City & State			4. FEI Numbe	V	1237	06 Ap	plied For t Applicable		
Zip		Country	Zip Coun		try			of Status Desired		\$5.00 Add Fee Require		
	6. Name	and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent Name							
CAMPANO, E. LUIS						Name						
3200 FLIGHTLINE DRIVE, SUITE #202 LAKELAND, FL 33811						Street Address (P.O. Box Number is Not Acceptable)						
						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 Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Output DATE												
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								Fiorida		payable to nent of State		
9.		S/MANAGERS		-	<u></u> Ŀ	ADDITIONS			LANCE CO.			
TITLE	MGRM		Delete THT							☐ Change	☐ Addition	
NAME	PEASLEE, RICHARD R		NAM									
STREET ADDRESS CITY-ST-ZIP	1	GHTLINE DR, SUITE 202 ID, FL 33811	1		ET ADDRESS -ST-ZIP							
TITLE	MGRM	D, FE 33011	☐ Delete	TITLE				-		☐ Change	☐ Addition	
NAME	JENSEN, JEFF		NAM							Grange		
STREET ADDRESS			STF		ET ADDRESS							
City-St-ZIP	LAKELAN	D, FL 33811		CITY	-ST-ZIP							
TITLE	MGRM		Delet e	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS	1	CHARLES HTLINE DR, SUITE 202		NAMI STRE	E Et address							
CITY-ST-ZIP	1	D, FL 33811			-ST-ZIP							
TITLE			☐ Delete	TITLE		mG	RM			☐ Change	Addition	
NAME				NAM	E		10711aH	E. Luis	0	L 2 2		
STREET ADDRESS					ET ADDRESS	350	o'Flight	Hiñs De"	701	16 COC		
CITY-ST-ZIP				_	-ST-ZIP	101	reland	E. Luis Hine Dr.,	338	11		
TITLE NAME			☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS					et address ,							
CITY-ST-ZIP				CITY	-ST-ZIP							
TITLE			☐ Delete	TITLE						☐ Change	Addition	
NAME ATTECH ADDRESS				NAM								
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP							
	Lectify that the	e information supplied with t	nis filing does not qualify fo			l Intained i	n Chapter 119. I	Florida Statutes. I fi	irther certi	fy that the info	rmation	
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.												