

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082060

Entity Name: CHIQUITA TRUST LLC

FILED  
Jan 15, 2009  
Secretary of State

**Current Principal Place of Business:**

3613 DELPRADO BLVD.  
2ND FLOOR, SUITE A  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 101526  
CAPE CORAL, FL 33910

**New Mailing Address:**

FEI Number: 59-2495741

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAYWOOD, STEPHEN W  
3613 DELPRADO BLVD  
2ND FLOOR, SUITE A  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HAYWOOD, STEPHEN W  
Address: P O BOX 101526  
City-St-Zip: CAPE CORAL, FL 33910

Title: MGR ( ) Delete  
Name: LOWELL, CAROLYN  
Address: C/O LAURIE SLOAT P O BOX 1121  
City-St-Zip: ESTERO, FL 33928

Title: MGR ( ) Delete  
Name: LOWELL, HARRY M  
Address: 12995 CLEVELAND AVENUE, PBS 34  
City-St-Zip: FORT MYERS, FL 33907

Title: MGR ( ) Delete  
Name: LAUREL CENTER MANAGE, MENT  
Address: 12995 CLEVELAND AVENUE, PBS 34  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES:**

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

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

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

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

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: STEPHEN W HAYWOOD

MGRM

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date