

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000120281

FILED
Jul 20, 2010
Secretary of State

Entity Name: FARM LABOR INCOME PROGRAM, LLC

Current Principal Place of Business:

315 E NEW MARKET RD
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

P O BOX 3088
IMMOKALEE, FL 34143 WH

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITESMAN, GUY E
1715 MONROE ST
FT MYERS, FL 33901 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: VST
Name: PURSE, TOBY K
Address: 315 E NEW MARKET RD
City-St-Zip: IMMOKALEE, FL 34142

Title: P
Name: PRESS, MAX
Address: 315 E NEW MARKET RD
City-St-Zip: IMMOKALEE, FL 34142

Title: VP
Name: WEISINGER, JAIME
Address: 315 E NEW MARKET RD
City-St-Zip: IMMOKALEE, FL 34142

Title: D
Name: LIPMAN, MATTHEW
Address: 315 E NEW MARKET RD
City-St-Zip: IMMOKALEE, FL 34142

I hereby 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: TOBY K. PURSE

VST

07/20/2010

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