


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000003201
 1. Entity Name
 ASSOCIATED GROWERS LLC



Principal Place of Business Mailing Address
 4733 W. ATLANTIC AVE., C-8 4733 W. ATLANTIC AVE., C-8
 DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE



01032005No Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2135407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 K&R INVESTMENTS, INC.
 4733 W. ATLANTIC AVE., SUITE C-8
 DELRAY BEACH, FL 33445

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REICH, MORTON 7570 ISLA VERDE WAY DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRASSAN, MITCHELL 5612 NW 40TH AVE BOCA RATON, FL 33496
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 04/11/05-80104-012 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:  4-9-05 561-498-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #