

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003201

FILED
May 02, 2008
Secretary of State

Entity Name: ASSOCIATED GROWERS LLC

Current Principal Place of Business:

1370 NW 78 AVENUE
MIAMI, FL 33126

New Principal Place of Business:

1411 N.W. 89TH COURT
DORAL, FL 33172

Current Mailing Address:

1370 NW 78 AVENUE
MIAMI, FL 33126

New Mailing Address:

1411 N.W. 89TH COURT
DORAL, FL 33172

FEI Number: 52-2135407 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

K&R INVESTMENTS, INC.
1370 NW 78 AVAENUE
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

K&R INVESTMENTS, INC.
1411 N.W. 89TH COURT
DORAL, FL 33172 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: _____

05/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REICH, MORTON
Address: 7570 ISLA VERDE WAY
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGR () Delete
Name: KRASSAN, MITCHELL
Address: 5612 NW 40TH AVE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES:

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: MITCHELL KRASSAN

MGR

05/02/2008

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