

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002319

Entity Name: NATURIPE FARMS, LLC

FILED  
Jan 18, 2007  
Secretary of State

## Current Principal Place of Business:

999 VANDERBILT BEACH RD.  
SUITE 102  
NAPLES, FL 34108

## New Principal Place of Business:

## Current Mailing Address:

999 VANDERBILT BEACH RD.  
SUITE 102  
NAPLES, FL 34108

## New Mailing Address:

FEI Number: 59-3664178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AGUIRRE-BECK, ARIBEL  
999 VANDERBILT BEACH ROAD  
NAPLES, FL 34108 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: SHELFORD, JOHN E  
Address: 8203 LOWBANK DRIVE  
City-St-Zip: NAPLES, FL 33999

Title: MGRM ( ) Delete  
Name: AGUIRRE-BECK, ARIBEL  
Address: 9970 ROOKERY CIRCLE  
City-St-Zip: ESTERO, FL 33928

Title: MGRM ( ) Delete  
Name: BOCOCK, BRIAN  
Address: 04726 COUNTY RD., 215  
City-St-Zip: GRAND JUNCTION, MI 49056

Title: MGRM ( ) Delete  
Name: MORYANAMA, CRAIG  
Address: 305 INDUSTRIAL RD.  
City-St-Zip: WATSONVILLE, CA 95077

## 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 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: ARIBEL AGUIRRE-BECK

MGRM

01/18/2007

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