

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002319

Entity Name: NATURIPE FARMS, LLC

FILED
Feb 04, 2009
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 (X)

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: PRES () Delete
Name: PETERSON, BRUCE
Address: 999 VANDERBILT BEACH RD SUITE 102
City-St-Zip: NAPLES, FL 34108 US

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

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

Title: CHRM () Delete
Name: RUIZ, EDMUNDO
Address: EDIFICIO LOS ANDES, 11 DE SEPTIEMBRE #1860
City-St-Zip: SANTIAGO, CH CHILE CH

Title: DIRS () Delete
Name: MOLLER, VICTOR
Address: EDIFICIO LOS ANDES, 11 DE SEPTIEMBRE #1860
City-St-Zip: SANTIAGO, CH CHILE CH

Title: CEO (X) Delete
Name: BRAGG, FRANK
Address: 04726 COUNTY RD 215
City-St-Zip: GRAND JUNCTION, MI 49056 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: AMIRSEHHI, RICH
Address: 999 VANDERBILT BEACH RD SUITE 102
City-St-Zip: NAPLES, FL 34108 US

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

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

Title: DIR (X) Change () Addition
Name: RUIZ, EDMUNDO
Address: EDIFICIO LOS ANDES, 11 DE SEPTIEMBRE #1860
City-St-Zip: SANTIAGO, CH CHILE CH

Title: DIR (X) Change () Addition
Name: MOLLER, VICTOR
Address: EDIFICIO LOS ANDES, 11 DE SEPTIEMBRE #1860
City-St-Zip: SANTIAGO, CH CHILE CH

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: ARIBEL A. BECK

V.P.

02/04/2009

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