2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Jun 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A31570

1. Entity Name
SOUTHEAST FROZEN FOODS COMPANY, L.P., LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
18770 N.E. 6TH AVENUE MIAMI, FL 33179	18770 N.E. 6TH AVENUE MIAMI, FL 33179

06192007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0260984
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P38030
NAME	SOUTHEAST FROZEN FOODS CORPORATION
STREET ADDRESS	667 MADISON AVENUE, 25TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10021
DOCUMENT #	S58631
NAME	CORAL SPRINGS CONNECTION, INC.
STREET ADDRESS	18770 N.E. 6TH AVE
CITY-ST-ZIP	MIAMI, FL 33179
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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06/26/07-80004-015 508.75

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ 6/19/07 305-652-4622 x 235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #