


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000008897

1. Entity Name
 LITTLE ITALY FOODS, L.L.C.



Principal Place of Business Mailing Address

13494 CARRICK GREEN COURT 13494 CARRICK GREEN COURT
 DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446

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04172004 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 65-1110888 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GEROW, JEFFREY S
 4800 N. FEDERAL HWY, STE 307B
 BOCA RATON, FL 33431

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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 state if applicable (NOTE: Registered Agent signature required when re-stating)

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RICHTER, PAUL R
STREET ADDRESS	13494 CARRICK GREEN COURT
CITY - ST - ZIP	DELRAY BEACH, FL
TITLE	MGRM
NAME	RICHTER, SUSAN C
STREET ADDRESS	13494 CARRICK GREEN COURT
CITY - ST - ZIP	DELRAY BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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: Paul R. Richter Paul R. RICHTER 4/19/04 561 862-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #