


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000008897 1. Entity Name LITTLE ITALY FOODS, L.L.C.	
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Principal Place of Business 13494 CARRICK GREEN COURT DELRAY BEACH, FL 33446	Mailing Address 13494 CARRICK GREEN COURT DELRAY BEACH, FL 33446
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**DO NOT WRITE IN THIS SPACE**



04292005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1110888	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

**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. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

U00000360723  
05/05/05-80045-009 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RICHTER, PAUL R 13494 CARRICK GREEN COURT DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RICHTER, SUSAN C 13494 CARRICK GREEN COURT DELRAY BEACH, FL
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 4/29/05 561 862-0900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #