


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 22, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90042 020 \*\*\*\*55.00

**DOCUMENT # L02000019189**  
1. Entity Name  
**BERRY GOURMET LLC**



Principal Place of Business      Mailing Address  
1651 SAND KEY ESTATES CT #82      1651 SAND KEY ESTATES CT #82  
CLEARWATER FL 33767      CLEARWATER FL 33767

**55056945**

2. Principal Place of Business      3. Mailing Address  
**21937 US 19 N**      **21937 US 19 N**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State      City & State  
**CLEARWATER FL**      **CLEARWATER FL**  
Zip      Country      Zip      Country  
**33765**      ~~FL~~      **33765**      **USA**

4. FEI Number      Applied For  
**52-2369739**       Not Applicable  
5. Certificate of Status Desired      \$5.00 Additional Fee Required  
     

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**WADE, WILLIAM A**  
**1651 SAND KEY ESTATES CT #82**  
**CLEARWATER FL 33767**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relinquishing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <del>WILLIAM A WADE</del> <del>1651 SAND KEY ESTATES CT #82</del> <del>CLEARWATER FL 33767</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>WILLIAM A WADE</b> <b>1651 SAND KEY ESTATES CT #82</b> <b>CLEARWATER FL 33767</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *[Signature]*      **SIGNATURE REQUIRED**      **9/10/03**      **727 791-0583**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (4/03)