


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 17, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000030552  
1. Entity Name  
AUSSIE FOODS, LLC



Principal Place of Business: 10901 DANKA CIRCLE NORTH, BLDG. B, SUITE C, ST. PETERSBURG, FL 33716  
Mailing Address: 400 ARMSTRONG BLVD. NORTH, ST. JAMES, MN 56081

**DO NOT WRITE IN THIS SPACE**



05042004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3726073	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
PLATTE, DAVID E  
603 INDIAN ROCKS ROAD  
CLEARWATER, FL 33756

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

**Filing Fee is \$50.00  
Due by September 8, 2004**

1100000160540  
05/17/04-80003-001 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOWNS, RICHARD A 16750 GULF BLVD., #611 NORTH REDINGTON BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANDERSON, PATRICIA 400 ARMSTRONG BLVD. NORTH ST. JAMES, MN 56081
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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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: *Patricia Anderson* Patricia Anderson 5-7-04 507-375-3111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #