

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90033 019 ***143.75

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04222008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L02000030552			
1. Entity Name AUSSIE FOODS, LLC		Principal Place of Business 10001 BANKA CIRCLE NORTH, BLDG. B, SUITE C ST. PETERSBURG, FL 33716	
Mailing Address 400 ARMSTRONG BLVD. NORTH ST. JAMES, MN 56081		2. Principal Place of Business - No P.O. Box # 270 1st Ave. South	
Suite, Apt. #, etc. Suite 201		3. Mailing Address Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State	
Zip 33701	Country USA	Zip	Country
4. FEI Number 04-3726073		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" 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		7. Name and Address of New Registered Agent 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOWNS, RICHARD A 16750 GULF BLVD., #611 NORTH REDINGTON BEACH, FL 33708 <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	MGR ANDERSON, PATRICIA 400 ARMSTRONG BLVD. NORTH ST. JAMES, MN 56081 <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
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11. 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 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: *R. Downs* **4-2807 507-3753111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #