2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT

DOCUMENT # L03000035585

1. Entity Name

SOUTHEAST WHOLESALE FOODS, LLC



Principal Place of Business 9350 N.W. 108 AVENUE MIAMI, FL 33178 US Mailing Address

18770 N.E. 6TH AVENUE MIAMI, FL 33179 US Jus FALED Jun 26, 2007 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

06192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1205567 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed neme of registered agent and title if applicable

BSPA CORPORATE SERVICES, INC. 350 EAST LAS OLAS BLVD. SUITE 1000 MIAMI, FL 33301 DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the purpose of changing its registered office or registere	ed agent, or both, in the State of Florida.	am tamiliar with, and accept
	the obligations of registered agent.		
CI	SIGNATURE		

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14; 2007

9.	9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS C/TY-ST-ZIP	MGR SOUTHEAST FROZEN FOODS COMPANY, L.P. 18770 N.E. 6TH AVENUE MIAMI, FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
THILE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby	11. I hereby certify that the information supplied with this filing does not qualify for the ex-	

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11. I hereby certify that the information supplied with this filling 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 of the receiver or rusting empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6/19/07 305-652-4622 x2

Daytime Phone #