


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90019 046 ***138.75

DOCUMENT # L07000025508

1. Entity Name
FRESH RESULTS LLC



Principal Place of Business
**2900 GLADES CIR
 SUITE 950
 WESTON, FL 33327**

Mailing Address
**2900 GLADES CIR
 SUITE 950
 WESTON, FL 33327**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
318 INDIAN TRACE

Suite, Apt. #, etc.
PMB 526

City & State
WESTON FL

Zip
33326

Country
BROWARD

05062008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8661846

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**CRAWFORD, ERIC R
 457 CAMBRIDGE DRIVE
 WESTON, FL 33326**

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 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.R.I. MANAGEMENT GROUP CORP		NAME		
STREET ADDRESS	2800 GLADES CIR, SUITE 106		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33327		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS INVESTMENTS, INC		NAME		
STREET ADDRESS	615 LAKE POINT NORTH LANE		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGENTINA BLUEBERRY CORP		NAME		
STREET ADDRESS	2800 GLADES CIR, SUITE 106		STREET ADDRESS	2900 GLADES CIR, SUITE 950	
CITY-ST-ZIP	WESTON, FL 33327		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MGRM ERIC R. CRAWFORD	
STREET ADDRESS			STREET ADDRESS	2900 GLADES CIR, STE 950	
CITY-ST-ZIP			CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MGRM AGNES FITTON	
STREET ADDRESS			STREET ADDRESS	2900 GLADES CIR, STE 950	
CITY-ST-ZIP			CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Cyrus R. Fitter 5/5/08 954-888-9114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #