

**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
97 APR 14 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**\$ 203.75** Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L95000000195**  
  
BITE MY BEEF PRODUCTS, L.C.  
505 E. FIRST STREET  
SANFORD FL 32771

1a. Principal Place of Business Address  
505 E. FIRST STREET  
SANFORD FL 32771

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Organized or Qualified  
03/06/1995

3a. State of Formation  
FL

4. FEI Number  
59-3317944  
 Applied For  
 Not Applicable

5. Date of Last Report  
02/26/1996

6. Certificate of Status Desired  
 **SR 75** Additional Fee Required

7. Name and Address of Current Registered Agent  
HUGHES, GARY  
397 GILSTON COURT  
HEATHROW FL 32746

8. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City FL Zip Code

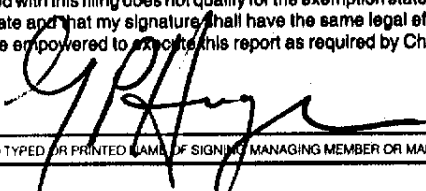

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	HUGHES, GARY	397 GILSTON COURT	HEATHROW FL
MEM	TOM DIAM INVESTMENTS,	HIBISCUS SQUARE, POND STRE	TURKS AND CAICOS ISLA

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\*\*\*\*203.75 \*\*\*\*203.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**  **3-4-97** 

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