	or before May 1, 1998 o		i Llability	Com	pany will be	•				
LIMITED LIABILITY COMPANY ANNUAL REPORT  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State						FILED				
1998 DIVISION OF CORPORATIONS						98 APR 28 PM 1: 16				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						SEGRETARY OF STATE TALLAHASSEE, FLORIDA				
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9500000195										
BITE MY BEEF PRODUCTS, L.C. 505 E. FIRST STREET SANFORD FL 32771						1a. Principal Pla				
SANFORD FL 32771						505 E. FIRST STREET SANFORD FL 32771				
2. Principal Place of Business 2a. Mailin			ng Address			3. Date Organize	ed or Qualified	3a. State of	Formation	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03/06/1995 FL 4. FEI Number				
City & State			City & State				_		Applied For	
Zip Country		Zip	···-	Count	The state of the s	59-3317 5. Date of Last R		6. Certificate	Not Applicable of Status Desired	
εiμ				Occur		04/14/1			sal Fee Bequired	
	Agent		8, I Name	Name and Address		tered Agent/C	)ffice			
397 (HEATI		Suite, Apt. #, etc.			****188.75 ****188.75  Zip Code  FL  I liability company submits this statement for the purpose of changing					
	ed office or registered agent, or both, in the red agent, and accept the obligations.	ne State of Flor	rida. Such chanş	ge was a	uthorized by affirma	tive vote of a majorit	y of the member	s. I hereby acce	apt the appointment	
SIGNATUI	RE(Registered Agent Accepting	d) (Institutional y	NOTE Registered Ago	ent signatur	e required when reinstating		DATE:			
10. Title Managing Members/Managers			Business Street Address				City, State and Zip Code			
МЕМ	HUGHES, GARY	397 GI	397 GILSTON COURT			HEATHROW FL				
MEM	TOM DIAM INVESTM	HIBISC	HIBISCUS SQUARE, POND STR			TURKS AND CAICOS ISL				
		i								
Indicated or limited liable	ecy certify that the information supplied with this annual report is true and accurate litty company or the receiver or trustee et with an address.	and that my si	signature strall ha	ave the s	same legal effect as	if made under oath	that I am a mar	naging membe	r or manager of the	
SIGN	ATURE:	PLO Q (PRINTED )	NAM OF SIGNING	AY AGING	MEMBLE OF MANAGER		$\frac{123/9}{100}$	8 3	triie Phone 4	