LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT

L99000001035

DOCUMENT # L99000001035

1. Entity Name

HARVEST BASKET FOODS I, L.L.C.

FILED
02 APR 29 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8890 NW 7th Avenue	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Same
Zip: 33150 Country: USA	Zip: Same Country: Same

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3562548 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: N. Dwayne Gray, Jr.

Street Address (P.O. Box Number is Not Acceptable): Greenspoon, Marder, et. al.

135 W. Central Blvd., Suite 1100

City: Orlando, FL Zip Code: 32801

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

400005369924--1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	Gilardi Management Services, LLC
STREET ADDRESS	2100 Country Club Road
CITY-ST-ZIP	Sanford, Florida 32771
TITLE	MGR
NAME	N. Dwayne Gray, Jr.
STREET ADDRESS	135 W. Central Blvd., Suite 1100
CITY-ST-ZIP	Orlando, Florida 32801
TITLE	
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] MANAGER 4/24/02 (407) 425-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

L99000061035

ACCOUNT NO. : 072100000032

REFERENCE : 553444 5011958

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 55.00

ORDER DATE : April 29, 2002

ORDER TIME : 11:34 AM

ORDER NO. : 553444-075

CUSTOMER NO: 5011958

CUSTOMER: Anne Winsor, Legal Assistant
Greenspoon Marder Hirschfeld
135 West Central Blvd Ste 1100
South Trust Bank Building
Orlando, FL 32801

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: HARVEST BASKET FOODS I, L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

BK

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

02 APR 29 PM 12:57

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