2004 LIMITED PÄRTNERSHIP ANNUÄL REPORT Due By May 1, 2004

DOCUMENT # A0200001657 1. Entity Name FRESH ENTERPRISES, LLLP							FILE'D 2004 FEB 20 PM 3: 38					
Principal Place of Business 7409 FLEMING ISLAND DRIVE GREEN COVE SPRINGS, FL 32043				iling Address 109 FLEMING ISLAND REEN COVE SPRINGS, I		043	DIVISION OF CORPORATION OF CORPORATI			JA 		
2. Principal P	lace of Busin	ess	3. 1	Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.		-						
							01092004	Chg-LP	CR2E	003 (10/03)	pplied For	
. *** -	City & State			City & State		<u> </u>	4. FEI Number - 03-04972	291	~	No	ot Applicable	
Zip	Zip Country		2	Zip Coun		ntry	5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
WATSON, TODD ESQ 77785 BAYMEADOWS WAY, SUITE 107						Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE, FL 32256												
						City	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 Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions												
as Shown on record. \$3,250,000.00 \ in FLORIDA to date.												
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.												
DOCUMENT #	IOCHMENT &						F p	ADDRESS CH			-	
NAME STREET ADDRESS	·					EET ADDRESS	500027092725 					
CITY-ST-ZIP	TY-ST-ZIP GREEN COVE SPRINGS, FL 32043											
DOCUMENT # NAME	FRESH, ELINORE L						REET ADDRESS 500027092725					
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CITY-ST-ZIP	,				CAT	Y-ST-ZIP						
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STREET ADDRESS CITY-ST-ZIP					CIT	Y-ST-ZIP						
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes												
SIGNATURE: Chinase 2 Full Elinore L. Fresh 1/2/04 904-284-2606												