

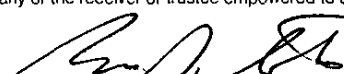


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90002 025 ****50.00

DOCUMENT # L00000001178 1. Entity Name FRONTIER FRESH OF INDIAN RIVER, L.L.C.					
Principal Place of Business 601 U.S. HIGHWAY #1 VERO BEACH, FL 32962			Mailing Address 2140 15TH AVE VERO BEACH, FL 32960		
2. Principal Place of Business 2410 15th Ave. Suite, Apt. #, etc.			3. Mailing Address 2410 15th Ave. Suite, Apt. #, etc.		
City & State Vero Beach, FL			City & State Vero Beach, FL		
Zip 32960		Country USA		4. FEI Number 65-0980212	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STORK, BRIAN D 601 U.S. HIGHWAY #1 VERO BEACH, FL 32962			7. Name and Address of New Registered Agent Name Stork Brian D. Street Address (P.O. Box Number is Not Acceptable) 2410 15th Ave. City Vero Beach FL Zip Code 32960		
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 4/30/04		
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STORK, BRIAN D 601 U.S. HIGHWAY #1 VERO BEACH, FL 32962	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Stork, Brian D. 2410 15th Ave. Vero Beach, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP PERRY, MICHAEL D 601 U.S. HWY #1 VERO BEACH, FL 32962	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Perry, Michael D. 2410 15th Ave. Vero Beach, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			DATE 4/28/04 DAYTIME PHONE # 772-794-2605		