2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Feb 06, 2006 8:00 am **Secretary of State**

02-06-2006 90169 022 ****50.00

DOCUMENT # L0000001372 W.M. INTL. FOOD BUSINESS, L.L.C. Principal Place of Business Mailing Address 20005102 11380 PROSPERITY FARMS RD., STE. 217 11380 PROSPERITY FARMS RD., STE. 217 110 A 110 A PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 65-0989846 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THIEMANN, DIETER A Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS RD., STE. 110A PALM BEACH GARDENS, FL 33410 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR ☐ Delete TITLE ☐ Change ■ Addition HERBERT, WEIGL NAME NAME **BIRGSTRASSE 17** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VORRA, GERMANY, 91247 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.