2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 03, 2006 08:00 AM Secretary of State

DOCUMENT # L0000 1. Entity Name PRATTVILLE FOODS, LLC	0003869		
Principal Place of Business 717 E. MAIN ST. PRATTVILLE, AL 36067	Mailing Address 1326 E LUMSDEN RD BRANDON, FL 33511	บร	



DO NOT WRITE IN THIS SPACE

01102006No Chg-LLC CR2E083 (11/05)

4. FEt Number 58-2535795 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAN, CHRISTOPHER H 315 S HYDE PARK AVENUE TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changings of registered agent.	iging its registered office or registered agent, or both, in the State of Florida. I am tad	niliar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstaling) DATE		
Fi D	ling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAZBOUR, TATAL A TRUSTEE 1326 E LUMSDEN ROAD BRANDON, FL 33511		U00000490452 04/18/06-80054-017 50.00	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		00000430462 04/18/06-80054-1		
TITLE NAME STREET ADDRESS GITY-ST-ZIP		DO NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-109				
TITLE NAME STREET ADDRESS 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 eath; 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:

iall

3-7-06

813-614062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Dayons Phone #