

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000007654

1. Entity Name

BIG RED TOMATO PACKERS, L.L.C.



Principal Place of Business

**3401 OLEANDER AVENUE
FORT PIERCE, FL 34982**

Mailing Address

**3401 OLEANDER AVENUE
FORT PIERCE, FL 34982**

DO NOT WRITE IN THIS SPACE



02162004No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-2031647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NEILL, RICHARD V
311 SOUTH 2ND STREET
FORT PIERCE, FL 34950**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

U000000089683
03/15/04-80101-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	NEILL, JAMES DAVID
STREET ADDRESS	3401 OLEANDER AVENUE
CITY-ST-ZIP	FT PIERCE, FL 34982
TITLE	MGRM
NAME	NEILL, RICHARD V
STREET ADDRESS	311 SOUTH 2ND STREET
CITY-ST-ZIP	FT PIERCE, FL 34982
TITLE	MGRM
NAME	SOUTHSIDE SHOPPING CENTER, LIMITED
STREET ADDRESS	260 W. PINELOCH STREET
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	MGRM
NAME	STANLEY, ALESIA
STREET ADDRESS	14337 COCO PLUM ROAD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	MGRM
NAME	OVERTON, KAREN
STREET ADDRESS	15349 COLLECTING CANAL ROAD
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	MGRM
NAME	STANLEY, PATRICK
STREET ADDRESS	14337 COCO PLUM ROAD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Richard V. Neill

3/9/04 (772) 464-8200

Date

Daytime Phone #