
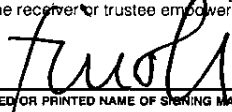


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90348 033 ****50.00

DOCUMENT # L00000012848 1. Entity Name FEEDINGBOWL TRADING, L.C.					
Principal Place of Business 6068 EAGLE WATCH COURT NORTH FORT MYERS, FL 33917			Mailing Address 1318 LAFAYETTE STREET CAPE CORAL, FL 33904		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02252004 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 65-1069729	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL, FL 33904			Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EINSLE, HANS D		NAME		
STREET ADDRESS	HEIDER STRASSE 9 D-25794 DOERPLING		STREET ADDRESS		
CITY - ST - ZIP	GERMANY,		CITY - ST - ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOETZ, ANNEROSE		NAME	Goetz, Annerose	
STREET ADDRESS	BRAMFELDER CHAUSSEE 215 D-22177 HAMBURG		STREET ADDRESS	Heider Strasse 9	
CITY - ST - ZIP	GERMANY,		CITY - ST - ZIP	D-25794 Doerpling / Germany	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: 		Einsle, Hans		3/30/04 2395492444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	