2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

FILED Apr 29, 2005 08:00 AM Secretary of State

813 684-Class

Daytime Phone #

Date

	ANNOAL REPORT	Coorrestorry of Ctota	
1. Entity Nam	MENT # L01000000262		Secretary of State
Principal Place of Business Mailing Address 1445 WESTGATE PARKWAY % MANAGING FOOD, LLC DOTHAN, AL 36303 1326 E. LUMSDEN RD. BRANDON, FL 33511			
DO NOT WRITE IN THIS SPAC		CE	04052005 No Chg-LLC CR2E083 (10/03)
5. Name and Address of Current Registered Agent NORMAN, CHRISTOPHER H 315 S HYDE PARK AVE TAMPA, FL 33606			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 PHOTE Registered Agent signature required when reinstaling) PATE 104/29/05-80114-022 50.00 Due by May 1, 2005			
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBERS/MANAGERS MGR KAZBOUR, TALAL A 1326 E. LUMSDEN ROAD BRANDON, FL 33511		
CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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)(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.			