

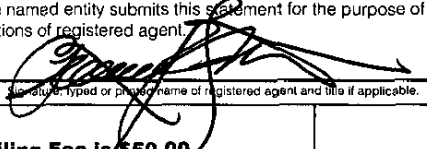



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90070 045 ****50.00

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # L01000000658 1. Entity Name PATRIOT FOODS, LLC | | | |  | |
| Principal Place of Business 800 BRICKELL AVE. SUITE 201 MIAMI, FL 33131 | | | Mailing Address 800 BRICKELL AVE. SUITE 201 MIAMI, FL 33131 | | |
| 2. Principal Place of Business 2665 South Bayshore Dr Suite, Apt. #, etc. Suite 601 City & State Coconut Grove, FL Zip 33133 | | 3. Mailing Address 2665 South Bayshore Dr Suite, Apt. #, etc. Suite 601 City & State Coconut Grove, FL Zip 33133 | |  | |
| 03122004 Chg-LLC CR2E083 (10/03) | | | | 4. FEI Number 65-1067894 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent RAZOOK, RICHARD J 800 BRICKELL AVENUE SUITE 201 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name Razook, Richard J Street Address (P.O. Box Number is Not Acceptable) Huntton & Williams 1111 Brickell Ave Ste 2500 City Miami FL Zip Code 33131 | | |
| 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  <small>Signature typed or printed name of registered agent and title if applicable.</small> | | | DATE 3/15/2004 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM BACANDI, FACUNDO L 800 BRICKELL AVENUE, SUITE 201 MIAMI, FL 33131 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Bacardi, Facundo L. 2665 South Bayshore Dr Ste 601 Coconut Grove, FL 33133 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DENNIS, RICHARD C 800 BRICKELL AVENUE, SUITE 201 MIAMI, FL 33131 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Dennis, Richard C 2665 South Bayshore Dr Ste 601 Coconut Grove, FL 33133 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RAZOOK, RICHARD J 800 BRICKELL AVENUE, SUITE 201 MIAMI, FL 33131 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Razook, Richard J 1111 Brickell Ave Ste 2500 Miami, FL 33131 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LORIE, CATHERINE H 8522 SW 102 ST MIAMI, FL 33156 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Asst T Lorie, Catherine H 2665 So. Bayshore Dr Ste 601 Coconut Grove, FL 33133 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | | 3/18/04 305-886-1414 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |