


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # L01000008309 1. Entity Name MANAGING FOOD, LLC	
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Principal Place of Business 1326 EAST LUMSDEN ROAD BRANDON, FL 33511	Mailing Address 1326 EAST LUMSDEN ROAD BRANDON, FL 33511
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DO NOT WRITE IN THIS SPACE



04042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3723331	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000905761
05/01/08-80061-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TALAL A. KAZBOUR REVOCABLE TRUST 1326 E. LUMSDEN RD. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAREK A. KAZBOUR REVOCABLE TRUST 1108 DEER RUN PLACE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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

Date

Daytime Phone #

4/14/08

813 684 0622