

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013587

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: MIA PERISHABLES CENTER, LLC

**Current Principal Place of Business:**

6445 NW 25 ST DCAD2121/  
MIAMI, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 520868  
MIAMI, FL 33152

**New Mailing Address:**

FEI Number: 65-1156009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PENINSULA REGISTERED AGENTS, INC.  
200 SOUTH BISCAYNE BLVD.  
43RD FLOOR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ULLRICH, PETER  
Address: PO BOX 520868  
City-St-Zip: MIAMI, FL 33152

Title: MGRM ( ) Delete  
Name: GELFMAN, DANIEL  
Address: PO BOX 520868  
City-St-Zip: MIAMI, FL 33152

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PETER ULLRICH

MGR

04/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date