

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017006

Entity Name: PAQMAN (FLORIDA) LLC

FILED  
Apr 20, 2004  
Secretary of State

## Current Principal Place of Business:

785 SOUTH CONGRESS AV.  
DELRAY BEACH, FL 33445

## New Principal Place of Business:

## Current Mailing Address:

% DELRAY COLD STORAGE  
785 S. CONGRESS AV.  
DELRAY BEACH, FL 33445

## New Mailing Address:

FEI Number: 65-1139721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRIECO, MICHAEL A  
785 SOUTH CONGRESS AVE.  
% DELRAY COLD STORAGE  
DELRAY BEACH, FL 33445 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: P ( ) Delete  
Name: GRIECO, MICHAEL  
Address: 520 LINDELL BLVD.  
City-St-Zip: DELRAY BEACH, FL 33444

Title: ST ( ) Delete  
Name: GRIECO, MICHAEL H  
Address: 9 MAYFLOWER DR.  
City-St-Zip: TENAFLY, NJ 07670

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GRIECO, MICHAEL  
Address: 520 LINDELL BLVD.  
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR (X) Change ( ) Addition  
Name: GRIECO, MICHAEL H  
Address: 9 MAYFLOWER DR.  
City-St-Zip: TENAFLY, NJ 07670

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: MICHAEL GRIECO

MGR

04/20/2004

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