


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90196 019 *****50.00

DOCUMENT # L01000017070	
1. Entity Name CARBILL FOODS, L.L.C.	

Principal Place of Business 4625 66TH ST NORTH KENNETH CITY FL 33709	Mailing Address 8400 49TH ST N #1612 PINELLAS PARK FL 33781
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2. Principal Place of Business 4625 66th St. North Suite, Apt. #, etc.	3. Mailing Address 4625 66th St. North Suite, Apt. #, etc.
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City & State Kenneth City, FL 33709	City & State Kenneth City, FL 33709
Zip 33709	Country Pinellas
Zip 33709	Country Pinellas

4. FEI Number 52-2362658	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent THOMPSON, CARL L 8400 49TH ST N #1615 PINELLAS PARK FL 33781	
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7. Name and Address of New Registered Agent	
Name Thompson, Carl L.	
Street Address (P.O. Box Number is Not Acceptable) 4625 66th St. North	
City Kenneth City	FL Zip Code 33709

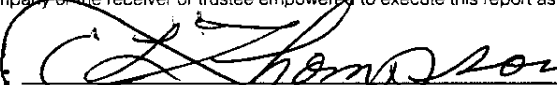
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMPSON, CARL L 79 MONARCH LANE PENSACOLA FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Thompson, Carl L. 4625 66th Street North Kenneth City, FL 33709 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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  **Carl L. Thompson** **01-29-04 (727) 488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #