

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000019713

1. Entity Name
FIREPROOF FOOD SYSTEMS LLC



Principal Place of Business

3410 KORI RD
JACKSONVILLE, FL 32257 US

Mailing Address

3410 KORI RD
JACKSONVILLE, FL 32257 US

DO NOT WRITE IN THIS SPACE

FILED
May 05, 2004 08:00 AM
743
Secretary of State

ENTERED



04202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3760831

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, KELLY F
11782 WORDSWORTH COURT
JACKSONVILLE, FL 32223

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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

000000156926
05/05/04-80090-022 50.00

* Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HARRIS, KELLY
3410 KORI RD
JACKSONVILLE, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SORENSEN, ROBIN
3410 KORI RD
JACKSONVILLE, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4/28/04

904 886 8300