


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**May 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000001661</b> 1. Entity Name <b>SOUTHERN FRESH FOODS, LLC</b>	
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Principal Place of Business <b>1500 AVENUE P RIVIERA BEACH, FL 33404</b>	Mailing Address <b>1500 AVENUE P RIVIERA BEACH, FL 33404</b>
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**DO NOT WRITE IN THIS SPACE**



01302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>26-0036263</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**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 registering) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHERWOOD FOOD DISTRIBUTORS 18615 SHERWOOD DETROIT, MI 48234</b>
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05/25/04-80002-006.50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:**  **5-16-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #