
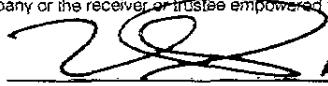


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

|   |   |  |   |   |                                      |
|---|---|--|---|---|--------------------------------------|
| <b>DOCUMENT # L02000002766</b>  |   |  |   |  |                                      |
| 1. Entity Name<br><b>HURRICANE FOODS CO., L.L.C.</b>  |   |  |   |   |                                      |
| Principal Place of Business<br><b>3555 NORTHLAKE BLVD.<br/>PALM BEACH GARDENS, FL 33403</b>   |   |  | Mailing Address<br><b>3555 NORTHLAKE BLVD.<br/>PALM BEACH GARDENS, FL 33403</b> |   |                                      |
| 2. Principal Place of Business  |   | 3. Mailing Address   |   |   |                                      |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |   |                                      |
| City & State  |   | City & State   |   | 02122004 Chg-LLC CR2E083 (10/03)  |                                      |
| Zip   |   | Country  |   | 4. FEI Number<br><b>75-2992227</b>  |                                      |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$5.00</b> Additional Fee Required                        |   |   |                                      |
| 6. Name and Address of Current Registered Agent   |   |  | 7. Name and Address of New Registered Agent                                     |   |                                      |
| <b>GAETA, NEIL J<br/>3555 NORTHLAKE BLVD.<br/>PALM BEACH GARDENS, FL 33403</b>  |   |  | Name  |   |                                      |
|   |   |  | Street Address (P.O. Box Number is Not Acceptable)                              |   |                                      |
|   |   |  | City  |   |                                      |
|   |   |  | <b>FL</b>   |   | Zip Code                             |
| 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 _____   |   |  |   |   |                                      |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |   | <b>Make check payable to<br/>Florida Department of State</b> |   |   |                                      |
| 9. MANAGING MEMBERS/MANAGERS  |   |  | 10. ADDITIONS/CHANGES   |   |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>GAETA, NEIL<br>3555 NORTH LAKE BLVD<br>WEST PALM BEACH, FL 33403       | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | U00000091234<br>03/17/04-80051-018 50.00  |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>GAETA, LOUIS A JR<br>3555 NORTH LAKE BLVD<br>WEST PALM BEACH, FL 33403 | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>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:   |   |  | Date: <b>3-11-04</b>  |   | Daytime Phone #: <b>561-627-4500</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  | Date  |   | Daytime Phone #                      |