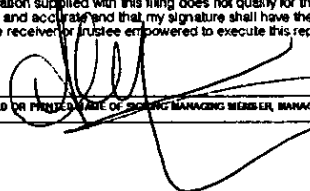


2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

30066603

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                                                                         |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L02000007853</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                        |                                                                   |
| 1. Entity Name<br><b>FRESHMAXX, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                                                         |                                                                   |
| Principal Place of Business<br>3028 N.W. 72ND AVENUE<br>MIAMI, FL 33122                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | Mailing Address<br>3028 N.W. 72ND AVENUE<br>MIAMI, FL 33122                                                                             |                                                                   |
| 2. Principal Place of Business<br><b>2011 N.W. 70th Avenue</b><br><small>Suite, Apt. #, etc.</small>                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | 3. Mailing Address<br><b>201 S. Biscayne Blvd.</b><br><small>Suite, Apt. #, etc.</small><br><b>Suite 2000</b>                           |                                                                   |
| City & State<br><b>Miami, Florida</b><br>Zip<br><b>33122</b> Country                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | City & State<br><b>Miami, Florida</b><br>Zip<br><b>33131</b> Country<br><b>USA</b>                                                      |                                                                   |
| 4. FEI Number<br><b>75-3040708</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                                                         |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>AUERBACH, MARC H ESQ<br/>KIRKPATRICK &amp; LOCKHART, LLP<br/>201 S BISCAYNE BLVD., SUITE 2000<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                   |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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.<br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-electing)</small>                                                                                    |                                 |                                                                                                                                         |                                                                   |
| <b>FILE NOW! FEE IS \$50.00!</b><br><b>Mail Check Payable to: Florida Department of State</b><br><b>Due By: May 1, 2003</b>                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                                         |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | 10. ADDITIONS/CHANGES                                                                                                                   |                                                                   |
| 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 | Mgr.<br>Anette Yelin<br>2011 N.W. 70th Avenue<br>Miami, Florida 33122                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | Mgr.<br>Jose T. Valdes<br>2011 N.W. 70th Avenue<br>Miami, Florida 33122                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | Mgr.<br>Samuel Yelin<br>2011 N.W. 70th Avenue<br>Miami, Florida 33122                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                                                                                                         | <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<br>                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | DATE<br>_____                                                                                                                           |                                                                   |