## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 08, 2005 08:00 AM Secretary of State

ANNUAL REPURI	
DOCUMENT # L02000008768	

1. Entity Name FRESH PRODUCE\_FILMS, LLC

Principal Place of Business ...

ONE SOUTH SCHOOL AVENUE, SUITE 1000 SARASOTA, FL 34237

Mailing Address

ONE SOUTH SCHOOL AVENUE, SUITE 1000 SARASOTA, FL 34237



DO NOT WRITE IN THIS SPACE

01032005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3655528 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NICHOLS, DAVID
ONE SOUTH SCHOOL AVENUE, SUITE 1000
SARASOTA, FL 34237

## DO NOT WRITE IN THIS SPACE

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

SIGNATURE.

sign flore, typied or printed name of registered ugent and title it applicable.

(NOTE Registered Agent signature required when reliastalling)

DATE

Filing Fee is \$50.00 \( \sigma \)
Due by May 1, 2005

U00000220376 02/08/05-80068-001 50.00

9.	MANAGING MEMB	ERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST JIP	MGR MATZKIN, STEVEN R 1 S. SCHOOL AVE, STE 1000 SARASQTA, FL 34237	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERSINGER, MARSHALL 1 S SCHOOL AVE STE 1000 SARASOTA, FL 34237		
NAME STREET ADDRESS CITY ST ZIP			4.4.44
HILE NAME STREET ADDRESS ONLY ST ZIP			
HILE NAME SIREET AUDRESS CHY-ST ZIP			, ,
TIPLE NAME			·*;

## DO NOT WRITE IN THIS SPACE

11. Thereby certify that the information supplied with this filling does not duality for the exemption stated in Section 119 07(3)(f). 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST ZIP

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

2/3/05

941-955-3150

Daylime Phone #