2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# L02000015808

Entity Name: GOURMET GOOSE, LLC

Current Principal Place of Business:

1727 BENNETT ST.
JACKSONVILLE, FL 32206

New Principal Place of Business:

4520 SAN JUAN AVENUE
SUITE 2
JACKSONVILLE, FL 32210

Current Mailing Address:

P.O. BOX 13207
JACKSONVILLE, FL 32206

New Mailing Address:

4520 SAN JUAN AVENUE
SUITE 2
JACKSONVILLE, FL 32210

FEI Number: 04-3689252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLATER, ELECTUS P
1727 BENNETT ST.
JACKSONVILLE, FL 32206

Name and Address of New Registered Agent:

SY, GERALDINE M
4520 SAN JUAN AVENUE
SUITE 2
JACKSONVILLE, FL 32210

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.

SIGNATURE: GERALDINE M. SY 04/26/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SLATER, ELECTUS P
Address: 1727 BENNETT STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SY, GERALDINE M
Address: 4520 SAN JUAN AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM ( ) Change (X) Addition
Name: BROWN, JAMES D
Address: 4520 SAN JUAN AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GERALDINE M. SY MGRM 04/26/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date