


*** AMENDED ***

**2004 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

FILED

04 APR 14 AM 9:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000019191		
1. Entity Name IMPERIAL MEATS INTERNATIONAL, L.L.C.		

Principal Place of Business C/O 409 NORTH ARROYO BOULEVARD RIO HONDO, TX 78583	Mailing Address C/O P.O. BOX 756 RIO HONDO, TX 78583
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2. Principal Place of Business 101 CONVENTION CTR DR.	3. Mailing Address BOX 27740
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Suite, Apt. #, etc. SUITE 700	Suite, Apt. #, etc. B
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City & State LAS VEGAS	City & State LAS VEGAS
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Zip 89109	Country USA	Zip 89126	Country
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04092004 Chg-LLC CR2E083 (10/03)

4/14

6. Name and Address of Current Registered Agent BAXLEY, MILTON H II C/O 1929 N.W. 12TH TERRACE GAINESVILLE, FL 32609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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4. FEI Number 51-0419253	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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B. 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 _____

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARZA, THERESA <input checked="" type="checkbox"/> Delete 409 N. ARROYO BLVD. RIO HONDO, TX 78583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE MASTER'S HOUSE INTERNATIONAL, INC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 CONVENTION CTR DR. SUITE 700 LAS VEGAS, NV 89109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100034296831 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/28/04--01028--001 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 609, Florida Statutes.

SIGNATURE: Rene A. Herjisa Vice President 4-9-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #