


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90275 013 \*\*\*\*50.00

**DOCUMENT # L02000028452**

1. Entity Name  
**NATIONFRESH, LLC**



Principal Place of Business      Mailing Address  
**% PACIFIC TOMATO GROWERS**      **% PACIFIC TOMATO GROWERS**  
**503 10TH STREET**                      **503 10TH STREET**  
**WEST PALMETTO, FL 34221**              **WEST PALMETTO, FL 34221**

**24023688**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01062004    Chg-LLC    CR2E083 (10/03)

4. FEI Number      Applied For  
**06-1660081**       Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>KEELEY, PETER L</b> <b>GRANT, FRIDKIN, PEARSON ET AL.</b> <b>5551 RIDGEWOOD DRIVE, SUITE 501</b> <b>NAPLES, FL 34108</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> Zip Code

**PAID MAR 04 2004**  
*CL # 1248*

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 \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2004**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COMITO, CHRISTIAN 1505 NORTH AVE. NORWALK, IA 50211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN, MANAGEMENT COMMITTEE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CANCELLIERI, DINO JR.</b> <b>500 E. CRANFORTH AVE</b> <b>ANAHEIM, CA 92801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESFORMES, ELIZABETH 503 10TH STREET W. PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGEMENT COMMITTEE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>GREGORY FRITZ</b> <b>3706 CROTON AVE</b> <b>CLEVELAND, OH 44115</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPADA, ERNEST JR 8449 NE 33RD DR. PORTLAND, OR <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGEMENT COMMITTEE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JOSEPH A. GARIN</b> <b>1800 29TH STREET</b> <b>DENVER CO 80216</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 608, Florida Statutes.

**SIGNATURE:** *Joseph A. Garin*      *2/5/04*      *941-722-3291*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

*Joseph A. Garin*      *2/20/04*      *303-291-0155*