## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000029769

1. Entity Name

PALMETTO	) VEGETABLE COMPANY LLC				<b></b>	<b></b>			
Principal Place of Business 8105 DESOTO MEMORIAL HIGHWAY BRADENTON FL 34209		Mailing Address 8106 DESOTO MEMORIAL HIGHWAY BRADENTON FL 34209			t jeanden 21 matem	)  P	***************************************	, Balt <b>in</b> 1915 (min)	
2. Principal Pla 2308 H Suite, Apt. #	WY 301 NORTH	3. Mailing Address P.O. BOX 431 Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State	TO, FL 33225	City & State	FL 34200		El:Number2-065130			oplied For	
Zip _ 34221	Country	Zip	Country JSA	<del></del>	ertificate of Status		\$5.00		
BADA	6. Name and Address of Current Ro	gistered Agent	Name		ame and Addres				
BARNES, GARRET T ESQ. C/O BARNES WALKER, CHARTERED 3119 MANATEE AVENUE WEST BRADENTON FL 34209				Street Address (P.O. Box Number is Not Acceptable) 2308 HWY 301 N.					
8. The above n	arned entity submits this statement for t	ne purpose of changing its reg	City	PALM: r registered ager		State of Florida.	FL Zip Gog I am familiar with,		
SIGNATURE _	ns of registered agent	title if applicable. (NOTE Pe	rende	ture required when rains	stelino)		2-25	203	
:		FILE NOW Make Check Payable to	III FEE IS \$	50.00 partment of S					
9.	MANAGING MEMBERS	/MANAGERS	10.	<del></del>	IAI	DOITIONS/CHAN	NGES		
NAME STREET ADDRESS CITY-ST-ZIP	MGR HARLLEE, JOHN P IV 8106 DESOTO MEMORIAL HIGHV BRADENTON FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARLLI 8106 I	DENT/TRE EE, JOHN DESOTO M NION, FL	P. IV EMORIAL	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARLLEE, SCOTT A 7220 6TH AVENUE NORTHWEST	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE 1 HARLLI 7220-6	PRES/SEC EE, SCOI 6TH-AVEN	RETARYS T A. UE-NORT		Addition	
TITLE NAME	BRADENTON FL 34209	☐ Delete	TITLE NAME	BRADE	NTON, FI	34209	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	·		STREET ADORESS CITY-ST-ZIP	·		· .	_ <del></del> -		
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CITY-ST-ZIP  TITLE MAME STREET ADDRESS	444	Defete .	TITLE NAME STREET ADDRESS	* · · · · · · · · · · · · · · · · · · ·	ota j		Change	☐ Addition	
CITY-ST-ZIP  11. I hereby cert indicated on	tify that the information supplied with thin this report is true and accurate and the try company or the receiver or trustee er	s filing does not qualify for the	CITY-ST-ZIP exemption state	t as il made und	er nath: that I am	Statutes. I further a managing me	r certify that the in	formation of the	

FILED Feb 28, 2003 8:00 am Secretary of State 01-29-2003 90055 046 \*\*\*\*50.00

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