

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 11, 2007 8:00 am
Secretary of State

5/1

05-15-2007 90151 044 ****55.00

DOCUMENT # L02000030552

1. Entity Name
AUSSIE FOODS, LLC



Principal Place of Business
**10901 DANKA CIRCLE NORTH,
BLDG. B, SUITE C
ST. PETERSBURG, FL 33716**

Mailing Address
**400 ARMSTRONG BLVD. NORTH
ST. JAMES, MN 56081**

DO NOT WRITE IN THIS SPACE



04192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
04-3726073

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PLATTE, DAVID E
603 INDIAN ROCKS ROAD
CLEARWATER, FL 33756**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DOWNS, RICHARD A
STREET ADDRESS	18750 GULF BLVD., #811
CITY - ST - ZIP	NORTH REDINGTON BEACH, FL 33708
TITLE	MGR
NAME	ANDERSON, PATRICIA
STREET ADDRESS	400 ARMSTRONG BLVD. NORTH
CITY - ST - ZIP	ST. JAMES, MN 56081
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Patricia Anderson

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

6-5-07 507355-11

Date

Daytime Phone #