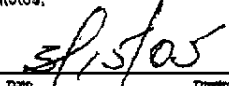


03/15/2006 WED 12:37 FAX

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FILED
Mar 20, 2006 08:00 AM
Secretary of State

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000030872		
1. Entity Name B & A FOOD SALES, FLORIDA, LLC		
Principal Place of Business 6110 BOULEVARD OF CHAMPIONS SUITE B NORTH LAUDERDALE, FL 33309		Mailing Address 2455 HWY 516 OLD BRIDGE, NJ 08857
DO NOT WRITE IN THIS SPACE		
		03152006 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 65-1172792 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent EPSTEIN, BEN 6110 BOULEVARD OF CHAMPIONS SUITE B NORTH LAUDERDALE, FL 33309		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 fee if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MORM EPSTEIN, BENJAMIN 6110 BOULEVARD OF CHAMPIONS SUITE B NORTH LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MORM EPSTEIN, ANDREW 6110 BOULEVARD OF CHAMPIONS SUITE B NORTH LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		 Date Daytime Phone #