

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002232

Entity Name: GOURMET FOODS LLC

FILED
Sep 06, 2005
Secretary of State

Current Principal Place of Business:

444 BRICKELL AVENUE
SUITE 51-275
MIAMI, FL 33131

New Principal Place of Business:

16941 SW 5TH COURT
WESTON, FL 33326

Current Mailing Address:

444 BRICKELL AVENUE
SUITE 51-275
MIAMI, FL 33131

New Mailing Address:

16941 SW 5TH COURT
WESTON, FL 33326

FEI Number: 27-0043029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TRENKLE-CURY, CHRISTINE
444 BRICKELL AVENUE
SUITE 51-275
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

TRENKLE-CURY, CHRISTINE
16941 SW 5TH COURT
WESTON, FL 33326 US

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.

SIGNATURE: CHRISTINE TRENKLE-CURY

09/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRENKLE-CURY, CHRISTINE
Address: 444 BRICKELL AVENUE, SUITE 51-275
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRENKLE-CURY, CHRISTINE
Address: 16941 SW 5TH COURT
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHRISTINE TRENKLE-CURY

MGRM

09/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date