2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/9/2

FILED
Apr 30, 2004 8:00 am
Secretary of State
02-09-2004 90190 019 ****50.00

DOCUMENT # L03000010297

1. Entity Name
FIRST FRUITS PERSONAL CHEF SERVICE LLC

Principal Place of Business	Mailing Address
1711 HIBISCUS CIRCLE S. OLDSMAR, FL 34677	1711 HIBISCUS CIRCLE S. OLDSMAR, FL 34677

34004814

01202004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 51-0466550 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.
SUITE E, 773 4TH AVENUE NORTH
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	manager DAVID Negri 334 East Lake Rd #220 Palm Harbor, Fl. 34685	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member Dan-L Enterprises 334 East Lake Rd #310 Palm Harbor Fl. 34685	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member Sharron Warner 1711 Hibiscus cir. S Oldsmar Fl. 34677	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~[illegible]~~ ~~[illegible]~~ ~~[illegible]~~ ~~[illegible]~~ 6482	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ 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: S. Warner 2-23-04 727-804-9581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #