

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90026 025 ****50.00

DOCUMENT # L03000024125					
1. Entity Name JUSTUS FOODS, LLC					
Principal Place of Business 2609 SABLEWOOD DRIVE VALRICO, FL 33594			Mailing Address 2609 SABLEWOOD DRIVE VALRICO, FL 33594		
2. Principal Place of Business 11027 CAUSEWAY BLVD. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State BRANDON FLORIDA Zip Country 33511 HILLSBOROUGH		City & State Zip Country		4. FEI Number 20-0074770	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JEFFREY A. DOWD, P.A. 550 NORTH REO STREET, SUITE 320 TAMPA, FL 33609-1067			7. Name and Address of New Registered Agent Name: RANDY J. RAUX Street Address (P.O. Box Number is Not Acceptable): 2609 SABLEWOOD DR, City: VALRICO FL Zip Code: 33594		
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: <u>Randy J. Raux</u> <u>RANDY J. RAUX</u> <u>4/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAUX, HOLLY L XXXX 2609 SABLEWOOD DRIVE VALRICO, FL 33594		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Delete RAUX, RANDY J 2609 SABLEWOOD DRIVE VALRICO, FL 33594		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR / PRESIDENT XXX <input type="checkbox"/> Change <input type="checkbox"/> Addition RAUX, RANDY J 2609 SABLEWOOD DR, VALRICO, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Randy J. Raux</u> <u>Randy J. Raux / President</u> <u>(813) 849-7827</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					