2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 11, 2004 8:00 am
Secretary of State
04-26-2004 90045 040 ****50.00

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1. Entity Name
FLATWATER FOODS, L.L.C.

Principal Place of Business	Mailing Address
7623 BROOKE FORREST WAY PENSACOLA, FL 32514	7623 BROOKE FORREST WAY PENSACOLA, FL 32514

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04212004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1451 Tiger Park Ln. Suite, Apt. #, etc.	1451 Tiger Park Ln Suite, Apt. #, etc.
City & State: Gulf Breeze FL	City & State: Gulf Breeze FL
Zip: 32563 Country: USA	Zip: 32563 Country: USA

4. FEI Number: 56-2396458 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, STUART H
7623 BROOKE FORREST WAY
PENSACOLA, FL 32514

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner Stuart H Brown MGRM 7623 Brooke Forrest Way Pensacola, FL 32514 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Carter A Brown MGRM 3871 Whispering Pines Dr Pensacola, FL 32504 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	James E. Lee MGRM 149 Tennyson Trail Macon GA 31210 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: _____ 4-21-04 850-477-6340
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #