2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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DOCUMENT # L03000031999					FILLE		JU300003	1999	
SAY CHEESE DISTRIBUTERS L.L.C.					DS APR 18 PM				
Principal Plac	e of Business	Mailing Address	*		DUN UF CORPOR	ATIONS	5		
8470 SW 37		_	ALTO CIA OZ CIDECT			ORIDA-			
MIAMI FL 3		MIAMI FL 33155	8470 SW 37 STREET MIAMI FL 33155						
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2. Principal Place of Business 3. Mailing Add									
			· · · · · · · · · · · · · · · · · · ·			INSTITUTE OF THE	INITE BUTOU HINE	MIN KONE IBIKO IA	(MW) 110 140A1
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			RE	CR2E083	(11/03)	
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City & Stat	e	City & State	City & State					-	oplied For
Zip	Country	Zip	Zio Cous						t Applicable
	Cochiny	24	Zip Country		Certificate of Status	Desired		\$5.00 Add Fee Require	
_	6. Name and Address of Curre	nt Registered Agent	L	<u> </u>	7. Name and Address	of New Br			•
				Name			3.0.0.00	gent	
PER	EZ, PAUL								
8470 SW 37 STREET				Street Address (P.O. Box Number is Not Acceptable)					
MIA	MI FL 33155			***************************************					
,									
				City			FL	Zip Cod	6
8. The above	named entity submits this statement	ragistar	ad attice or reasin	torod nagat, as bath, is the	Chara ad Fila				
the obligat	ions of registered agent.	nor the purpose of changing its	registeri	ou office of Tegra	lered agent, or both, in the	State of Flor	noa. Tami	arrenar with,	ano accept
MONATURE.									
SIGNATURE .	Signature, typed or orinted name of registered ag	erst and title if applicable. (NOT	E: Registere	d Agent signature requ	red when reinstating)		DATE		
		Call Scales Contract to 1	6. A. J. J.	######################################	医神经病力 推动的危险			-	
		1990 19 12 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1	the time a residence	FEE IS \$50.00	Maria Cara Cara Cara Cara Cara Cara Cara				
		Make Check Payab	4.0	ay 1, 2004	ent of State				
		"不是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	2004					
9.		BERS/MANAGERS	10.		AI) SNOITIGO	CHANGES		
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	CAMPOS, EULOIO		MAM	1					
CITY-ST-ZIP	MIAMI FL 33155			ET ADDRESS - ST- ZIP					
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NAME			NAME						
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY-	·ST-ZIP					
11. I hereby c	certify that the information supplied won this report is true and accurate and	ith this filing does not qualify for	the exer	nption stated in	Section 119.07(3)(i), Florida	Statutes. I	further certi	ly that the in	formation
limited lial	on this report is true and accurate ar bility company or the receiver or trus	to that my signature shall have lee empowered to execute this	tne same report as	regal effect as if required by Cha	i made under oath; that I ar toter 608, Florida Statutes.	n a managii	ng member	or manage	r of the