

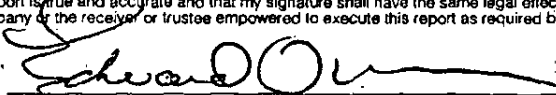
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/27/2004-90084-017-\$50.00-\$50.00

FILED

04 OCT 18 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000035585 1. Entity Name SOUTHEAST WHOLESALE FOODS, LLC					
Principal Place of Business 18770 N.E. 6TH AVENUE MIAMI, FL 33179 US			Mailing Address 18770 N.E. 6TH AVENUE MIAMI, FL 33179 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt, #, etc.		Suite, Apt, #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BSPA CORPORATE SERVICES, INC. 350 EAST LAS OLAS BLVD. SUITE 1000 MIAMI, FL 33301			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)					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUTHEAST FROZEN FOODS COMPANY, L.P. 18770 N.E. 6TH AVENUE MIAMI, FL 33179 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: 			9/21/04 305 652-4624		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		