2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 10, 2004 8:00 am Secretary of State **DOCUMENT # L03000039760** 05-10-2004 90011 028 ****50.00 FRESH MARKETING, LLC Principal Place of Business Mailing Address 4408 MATILYNAVENLE 24000000 4408 MATILYNAMENLE OFLANDO, FL 32812 US OFLANDO FL 32812 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 Chg-LLC CR2E083 (10/03) City & State City & State Applied For Not Applicable Country Zio Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SARVER, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 4408 MARILYN AVENUE ORLANDO, FL 32812 City 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 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. **MGRM** TITLE TITLE ☐ Addition ☐ Delete ☐ Change SARVER, RICHARD A NAME NAME STREET ADDRESS 4408 MARILYN AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO, FL 32812 ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

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.