2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000003721

1. Entity Name
FLORIDA POTATO & ONION, L.L.C.

Principal Place of Business	Mailing Address
4302 AIRPORT RD. PLANT CITY, FL 33563	4302 AIRPORT RD. PLANT CITY, FL 33563

60035272

DO NOT WRITE IN THIS SPACE

03242007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
47-0936752	Not Applicable

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

6. Name and Address of Current Registered Agent

GALLOWAY, DAVID H.
506 N. ALEXANDER STREET
PLANT CITY, FL 33563

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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, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STUDDIFORD, JAMES A
STREET ADDRESS	3045 SUTTON WOODS
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	
NAME	
STREET ADDRESS	*MANAGING MEMBER*
CITY-ST-ZIP	*NEW ADDRESS*
TITLE	
NAME	*JAMES A. STUDDIFORD*
STREET ADDRESS	
CITY-ST-ZIP	*6111 AUDOBON MANOR BLVD*
TITLE	
NAME	*LITHIA, FL 33547*
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _James A. Studdiford_   _3-29-07_   _813-719-2660_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #