

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021809

Entity Name: SHAZIA CREAMERY, L.L.C.

FILED
Mar 31, 2007
Secretary of State

Current Principal Place of Business:

P.O.BOX 22334
LAKE BUENA VISTA, FL 32830

New Principal Place of Business:

1410 EAST MAIN STREET
BARTOW, FL 33830

Current Mailing Address:

P.O. BOX 22334
LAKE BUENA VISTA, FL 32830

New Mailing Address:

FEI Number: 20-2587227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATRA, HARISH K
11361 ARBORSIDE BEND WAY
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

BATRA, HARISH K
1410 EAST MAIN STREET
BARTOW, FL 33830 US

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.

SIGNATURE: HARISH BATRA

03/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BATRA, SAMEER
Address: P.O. BOX 22334
City-St-Zip: LAKE BUENA VISTA, FL 32830 US

Title: DIR () Delete
Name: BATRA, HARISH K
Address: P.O. BOX 22334
City-St-Zip: LAKE BUENA VISTA, FL 32830 US

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: BATRA, SAMEER
Address: P.O. BOX 22334
City-St-Zip: LAKE BUENA VISTA, FL 32830 US

Title: V.P (X) Change () Addition
Name: BATRA, HARISH K
Address: P.O. BOX 22334
City-St-Zip: LAKE BUENA VISTA, FL 32830 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HARISH BATRA

V.P

03/31/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date