

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028304

Entity Name: BOTTEGA FOODS LLC

FILED
Sep 01, 2005
Secretary of State

Current Principal Place of Business:

728 SIMONTON
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

2911 STAPLES AVE.
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 42-1626375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RANDALL, MARGARET J
2911 STAPLES
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RANDALL, MARGARET J
Address: 2911 STAPLES AVE.
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM () Delete
Name: BANNON, THOMAS A
Address: 2911 STAPLES AVE.
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM () Delete
Name: CATALANO, JENNIFER A
Address: 3655 SEASIDE DR. APT 328
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS A BANNON

MGRM

09/01/2005

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