
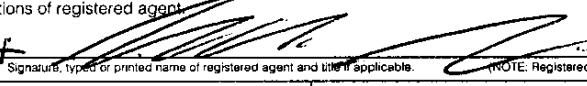
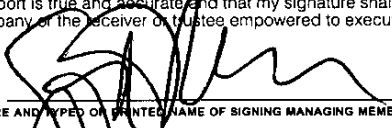


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90042 043 ****50.00

DOCUMENT # L04000037135 1. Entity Name FRESH WEST EXPRESS, LLC					
Principal Place of Business C/O SILVER, GARVETT & HENKEL, P.A. 1110 BRICKELL AVENUE, PENTHOUSE ONE MIAMI, FL 33131			Mailing Address C/O SILVER, GARVETT & HENKEL, P.A. 1110 BRICKELL AVENUE, PENTHOUSE ONE MIAMI, FL 33131		
2. Principal Place of Business 18001 Old Cutler Road		3. Mailing Address same			
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc. same			
City & State Miami, Florida		City & State same		4. FEI Number 20-1832642	
Zip 33157		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SILVER, SCOTT A C/O SILVER, GARVETT & HENKEL, P.A. 1110 BRICKELL AVENUE, PENTHOUSE ONE MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18001 Old Cutler Road - Suite 600 City Miami, FL Zip Code 33157		
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:  DATE: 03/07/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DECKER, SCOTT 1110 BRICKELL AVENUE PENTHOUSE ONE MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18001 Old Cutler Road - Suite 600 Miami, Florida 33157	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KYDD, LINDSEY 1110 BRICKELL AVENUE PENTHOUSE ONE MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18001 Old Cutler Road - Suite 600 Miami, Florida 33157	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			(Scott Decker, MGRM) Date: April 11/06 Daytime Phone #: 780-998-0706		