

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

Zip
33157

Country
USA

Zip
same

Country
same

03062006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1832642

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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
SILVER, SCOTT A

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**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

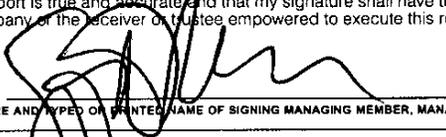
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DECKER, SCOTT 1110 BRICKELL AVENUE PENTHOUSE ONE MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KYDD, LINDSEY 1110 BRICKELL AVENUE PENTHOUSE ONE MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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 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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE