

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057733

**FILED**  
**Feb 22, 2007**  
**Secretary of State**

**Entity Name:** FOOD FOR PERFORMANCE, LLC

**Current Principal Place of Business:**

2206 JO AN DRIVE, SUITE 4  
SARASOTA, FL 34231

**New Principal Place of Business:**

1903 60TH PLACE  
M3184  
BRADENTON, FL 34243

**Current Mailing Address:**

2206 JO AN DRIVE, SUITE 4  
SARASOTA, FL 34231

**New Mailing Address:**

3700 PARKRIDGE CIRCLE  
SARASOTA, FL 34203

**FEI Number:** 20-1800085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VICTORIA JAENSCH KARINS  
2206 JO AN DRIVE, SUITE 4  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

VICTORIA JAENSCH KARINS  
2017 FIESTA DRIVE  
SARASOTA, FL 34231 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:**

02/22/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** PARSONAGE, SALLY  
**Address:** 19 COMMISSIONERS COURT, NEW STAIRS  
**City-St-Zip:** CHATHAM, KENT ME4 4H2, UK,

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** PARSONAGE, SALLY  
**Address:** 3700 PARKRIDGE CIRCLE  
**City-St-Zip:** SARASOTA, FL 34243

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:** SALLY PARSONAGE

DR

02/22/2007

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