

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084940

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

**Entity Name:** INDIAN RIVER SELECT FOODSERVICE, LLC

**Current Principal Place of Business:**

7150 S.W. KANNER HIGHWAY  
INDIANTOWN, FL 34956

**New Principal Place of Business:**

7929 SW JACK JAMES DRIVE  
STUART, FL 34997

**Current Mailing Address:**

7150 S.W. KANNER HIGHWAY  
INDIANTOWN, FL 34956

**New Mailing Address:**

7929 SW JACK JAMES DRIVE  
STUART, FL 34997

**FEI Number:** 59-3789075

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRIEVE, WENDY  
7150 S.W. KANNER HIGHWAY  
INDIANTOWN, FL 34956 US

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

GRIEVE, WENDY  
7929 SW JACK JAMES DRIVE  
STUART, FL 34997 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:

04/25/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OCEAN SUNRISE, LLC,  
Address: 2855 PGA BLVD  
City-St-Zip: PALM BEACH GDNS, FL 33410

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BURG & COMPANY, INC.,  
Address: 7929 SW JACK JAMES DRIVE  
City-St-Zip: STUART, FL 34997

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: CLIFFORD F. BURG

D

04/25/2006

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