
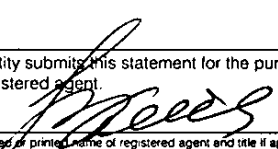
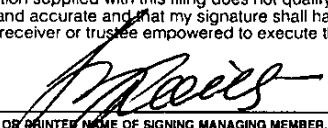


# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 15 AM 9:58

<b>DOCUMENT # L04000086090</b> 1. Entity Name <b>PALM COAST MEATS, LLC</b>					
Principal Place of Business <b>15 PALM HARBOR VILLAGE WAY STE D PALM COAST, FL 32137</b>			Mailing Address <b>156 BELLEAIRE DRIVE PALM COAST, FL 32137</b>		
2. Principal Place of Business <b>314</b>		3. Mailing Address <b>36 Raeland LA.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>PO</b>			
City & State 		City & State <b>Palm Coast, FL</b>		1102005 Chg-LLC CR2E083 (10/03)	
Zip 		Zip <b>32184</b>		Country <b>U.S.</b>	
Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>MCVEIGH, CATHERINE L 156 BELLEAIRE DRIVE PALM COAST, FL 32137</b>			7. Name and Address of New Registered Agent Name <b>Victor Kostenko</b> Street Address (P.O. Box Number is Not Acceptable) <b>36 Raeland Lane Palm Coast 32164</b> City <b>FL</b> Zip Code		
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  (NOTE: Registered Agent signature required when reinstating) DATE					
Amended AR is \$50.00		#4 - FEIN # <b>010848430</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>MCVEIGH, CATHERINE L 156 BELLEAIRE DRIVE PALM COAST, FL 32137</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner <b>Victor Kostenko 36 Raeland Lane Palm Coast, FL 32164</b>	<input checked="" 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	co-owner <b>Iryna Pelykh 36 Raeland Lane Palm Coast, FL 32164</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700061440947 11/15/05--01052--015 **50.00</b>	<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 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 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 606, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					