

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086465

Entity Name: ATLANTA TOMATO, L.L.C.

FILED
Feb 18, 2005
Secretary of State

Current Principal Place of Business:

11215 OLD TAMPA ROAD
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

PO BOX 963
ELLENTON, FL 34222

New Mailing Address:

FEI Number: 02-0734043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, TIMMY S
11215 OLD TAMPA ROAD
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR (X) Delete
Name: JONES, PHILLIP
Address: 1001 BLUFF ROAD, UNIT 12
City-St-Zip: COLUMBIA, SC 29101

Title: MGRM () Delete
Name: STEVENSON, SHANE M
Address: 300 SHOAL CREEK ROAD
City-St-Zip: HAYDEN, AL 35079

Title: MGR () Delete
Name: ADAMS, TIMMY S
Address: 11215 OLD TAMPA ROAD
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: STEVENSON, SHANE M
Address: 300 SHOAL CREEK ROAD
City-St-Zip: HAYDEN, AL 35079

Title: MGRM (X) Change () Addition
Name: ADAMS, TIMMY S
Address: 11215 OLD TAMPA ROAD
City-St-Zip: PARRISH, FL 34219

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMMY S. ADAMS

MGRM

02/18/2005

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