


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

Act 54501

DOCUMENT # L04000088854 1. Entity Name PRODUCE DISTRIBUTION CENTER, LLC	
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Principal Place of Business 233 NORTH 3RD STREET, SUITE 201 JACKSONVILLE BEACH, FL 32250	Mailing Address 233 NORTH 3RD STREET, SUITE 201 JACKSONVILLE BEACH, FL 32250
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04112006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1980745	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CRAWFORD, JOHN R 1200 RIVERPLACE BLVD., SUITE 800 JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOVSOVITZ, LAWRENCE 233 NORTH 3RD STREET, SUITE 201 JACKSONVILLE BEACH, FL 32250
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05/01/06-80036-005 50.00

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 606, Florida Statutes.

SIGNATURE:

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

4/11/06 904 63154
Date Daytime Phone #