2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 14, 2007 8:00 am Secretary of State

Special Country Zip Country Zip Country Special Countr	1. Entity Name JUDYFRI		55 10	į			05-14-2007	7 90369 049 ***	*50.00
Suite. Apr. #, etc. Suite. Apr. #, etc. Suite. Sui	244 SHOPPI	NG AVENUE, SUITE 194	9933 ALLIANCE ROAD C/O VAL-PAK OF CINCINNATI, INC.		ų v	2 Eðin alku áðan 1800 600	II ARIAL (BIRL JAWA TRIDI WATA	araar on mar	
City & State City & State City & State City & State A FEI Investment P. 20-20350300	2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address						
ZP Country Zip Country 3. Certificate of Saluss Desired \$5.00 Actioners Fo.50 Acti	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		05082007	Chg-LLC	CR2E083 (12/06	3)	
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Name Street Address (P.O. Box Number is Not Acceptable) 1723 Mary doublene. Dr City Tampa FL Zip Code 33615	Zip	Country	Zip	Zip Country					
DELUCA ROBERT SEG 32ND ST SARASOTA, FL 34234 Street Address (P.O. Box Number is Not Acceptable) 1773 Mary dualence Dr City Tempor FL Zp Code 33612 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 acce the obligations of registered agent. SIGNATURE Signars, typest or presed ranks of appeared agent and the Approache (POTE Ingreened Agent separated agent named in appeared agent and the Approache (POTE Ingreened Agent separated agent named in the State of Florida. I am familiar with, and acce the obligations of registered agent. SIGNATURE Signars, typest or presed ranks of appeared agent and the Approache (POTE Ingreened Agent separate agent named in the State of Florida. I am familiar with, and acce the department of State in the State of Florida. I am familiar with, and acce the department of State in the State of Florida. I am familiar with, and acce the department of State in the State of Florida. I am familiar with, and acce the department of State in the State of Florida. I am familiar with, and acce the department of State in the State of Florida. I am familiar with, and acce the department of State in the State of Florida. I am familiar with, and acce the department of State in the State of Florida. I am familiar with, and acce the department of State in the State of Florida. I am familiar with, and acce the department of State in the State of Florida. I am familiar with, and acce the department of State in the State of Florida. I am familiar with, and acce the department of State in the State of Florida. I am familiar with, and acce the department of State in the State of Florida. I am familiar with, and acce the department of State in the State of Florida. I am familiar with, and acce the department of State in the State of Florida. I am familiar with, and acce the department of State in the State of Florida. I am familiar with, and acce the department of State in the Sta		6Name and Address of Current	Registered Agent	• •	,	7. Name and	Address of New R	legistered Agent	
SARASOTA, FL 34234 1773 Magdalene Dr City Tampa FL Zip Code 33665							er is Not Acceptable	e)	
City Tampa FL Zip Code 33662 8. The above named entity submists 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 accert the obligations of registered agent. SIGNATURE Signature, upon or privat rank and signature sport exists. PIOTE Required Agent separation remarking ONTE Filling Foe is \$50.00 Due by September 14, 2007 Bake check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE WARK SALTTERY, ROBERT J SIMET ADDRESS CITY-ST-2P TITLE Debte TITLE Debte TITLE Debte TITLE MARK SIMET ADDRESS CITY-ST-2P TITLE Debte TITLE Debte TITLE MARK SIMET ADDRESS CITY-ST-2P TITLE Debte TITLE Debte TITLE MARK SIMET ADDRESS CITY-ST-2P TITLE Debte TITLE MARK SIMET ADDRESS CITY-ST-2P TITLE Debte TITLE Debte TITLE MARK SIMET ADDRESS CITY-ST-2P TITLE Debte TITLE Debte TITLE Debte TITLE MARK SIMET ADDRESS CITY-ST-2P TITLE Debte TITLE Debte TITLE Debte TITLE Debte TITLE MARK SIMET ADDRESS CITY-ST-2P TITLE Debte T				1723		Manda	lone Dr		
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