2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000010297

1. Entity Name
MARKET WAREHOUSING, LLC

30009058

Principal Place of Business	Mailing Address
1741 WEST BEAVER STREET JACKSONVILLE, FL 32209	1741 WEST BEAVER STREET JACKSONVILLE, FL 32209

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04262006   Chg-LLC   CR2E083 (11/05)

4. FEI Number **20-2262016** ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRANT, ABRAHAM, REITER, ET AL 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202	Name **Beaver Street Foods, Inc.** Street Address (P.O. Box Number is Not Acceptable) **1741 W. Beaver Street** City **Jacksonville** FL Zip **32209**

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 _____ *HANS FRISCH* **4/26/06**

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS | 10. ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME FARMERS MARKET, INC. STREET ADDRESS 1780 W. Beaver Street CITY-ST-ZIP Jacksonville, FL 32209	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

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 608, Florida Statutes.

SIGNATURE: _____ *HANS FRISCH, V.PRES OF MGRM*   4/26/06   (904) 354-8533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #