2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000028249

1. Entity Name CINBROOK FOODS, LLC .



FILED Apr 25, 2007 08:00 Al Secretary of State

Principal Place of Business

2977 COMMERCIAL WAY SPRING HILL, FL 34606 Mailing Address

2977 COMMERCIAL WAY SPRING HILL, FL 34606



03012007 No Chg-LLC

CR2E083 (11/05)

Fee Required

Daytime Phone #

| 4. FEI Number | Applied For | |
|----------------------------------|--------------------|--|
| 20-2549202 | Not Applicable | |
| 5. Certificate of Status Desired | \$5.00 Additional | |

6. Name and Address of Current Registered Agent

AMATO, JOSEPH G 8110 LAUREL GREEN DRIVE SPRING HILL, FL 34606

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| 8. The above the obligat | named entity submits this statement for the purpose of chan ions of registered agent. | | ne State of Florida. I am familiar with, and accept |
|--|--|--|---|
| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE |
| · D | iling Fee is \$50.00 ue by May 1, 2007 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR AMATO, JOSEPH 8110 LAUREL GREEN DRIVE SPRING HILL, FL 34606 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 05. | U00000730664 /08/07-80021-026 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NO | OT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN TH | IS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| 11. I hereby of indicated limited lia | certify that the information supplied with this filing does not on this report is true and accurate and that my signature stubility company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee | qualify for the exemptions contained in Chapter 119, Flori hall have the same legal effect as if made under oath; the cute this report as required by Chapter 608, Florida Statu | da Statutes. I further certify that the information at I am a managing member or manager of the ites. |

JOSEPH AMATO

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