
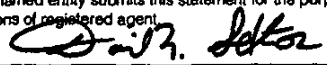




FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90324 010 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000051209			
1. Entity Name JMJ FOODS, LLC			
Principal Place of Business 2727 66TH STREET SW NAPLES, FL 34105		Mailing Address 2727 66TH STREET SW NAPLES, FL 34105	
2. Principal Place of Business - No P.O. Box # 4001 Tamiami Trail North		3. Mailing Address 234 Kent Street	
Suite, Apt. #, etc. Suite 250		Suite, Apt. #, etc.	
City & State Naples, Florida		City & State Charlottetown, PEI	
Zip 34103	Country USA	Zip C1A 7L3	Country Canada
4. FEI Number 20-2882784		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04072008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent GARDELLA, FRAZIER 2727 66TH STREET SW NAPLES, FL FL 34-105		7. Name and Address of New Registered Agent Name Sexton, David N. Street Address (P.O. Box Number is Not Acceptable) 4001 Tamiami Trail North, Suite 250 City Naples FL Zip Code 34103	
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  DATE 4-11-08 (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GARDELLA, FRAZIER 2727 66TH ST WEST NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mgr. Terry McKenna 234 Kent Street Charlottetown PE1, C1A 7L3, Canada <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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  DATE 4-11-08 239-659-3800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			