2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2006
Secretary of State

DOCUMENT# L05000064446

Entity Name: ADAME FOOD INTERNATIONAL LLC

Current Principal Place of Business:

21200 HIGHTOWER ROUD
FOUNTAIN, FL 32438

New Principal Place of Business:

Current Mailing Address:

PO BOX 470
FOUNTAIN, FL 32438

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WHITAKER, SILVIA G MRS.
21200 HIGHTOWER ROAD/ PO BOX 470
FOUNTAIN, FL 32438 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	WHITAKER, SILVIA G MRS.	
Address:	21200 HIGHTOWER RD / PO BOX 470	
City-St-Zip:	FOUNTAIN, FL 32438	
Title:	MGRM	( ) Delete
Name:	DANIEL, WHITAKER A MR.	
Address:	21200 HIGHTOWER RD / PO BOX 470	
City-St-Zip:	FOUNTAIN, FL 32438	
Title:	MGRM	( ) Delete
Name:	FLORES-HERNANDEZ, SANDRA MS.	
Address:	21200 HIGHTOWER RD / PO BOX 470	
City-St-Zip:	FOUNTAIN, FL 32438	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SILVIA G. WHITAKER MRS. 04/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date