

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064446

FILED  
May 05, 2007  
Secretary of State

Entity Name: ADAME FOOD INTERNATIONAL LLC

## Current Principal Place of Business:

21200 HIGHTOWER ROUD  
FOUNTAIN, FL 32438

## New Principal Place of Business:

21200 HIGHTOWER ROAD  
FOUNTAIN, FL 32438

## 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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## 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:

WHITAKER, SILVIA G MRS.  
21200 HIGHTOWER ROAD  
FOUNTAIN, FL 32438 US

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:

05/05/2007

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: MGRM (X) Change ( ) Addition  
Name: WHITAKER, SILVIA G MRS.  
Address: 21200 HIGHTOWER RD  
City-St-Zip: FOUNTAIN, FL 32438

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

Title: MGRM (X) Change ( ) Addition  
Name: FLORES-HERNANDEZ, SANDRA MS.  
Address: 21200 HIGHTOWER RD  
City-St-Zip: FOUNTAIN, FL 32438

I hereby certify that the information supplied with this filing does not qualify 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

MGR

05/05/2007

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