2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108573

Name:

Address:

City-St-Zip:

BLACK, VICTORIA E

4806 FAIROAKS DR

PACE, FL 32571

Entity Name: C.B.I. DISTRIBUTORS LLC

FILED Apr 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5800 COMMERCE RD MILTON, FL 32583 **Current Mailing Address: New Mailing Address:** 4888 OLD GUERNSEY RD PACE, FL 32571 US FEI Number: 27-0132771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAP'N BLACK'S INC 4888 OLD GUERNSEY RD PACE, FL 32571 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete CAP'N BLACK'S INC., Name: Name: Address: 4888 OLD GUERNSEY RD Address: City-St-Zip: PACE, FL 32571 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BLACK, RONALD E Name: Address: 5580 HAMILTON BRIDGE RD Address: City-St-Zip: MILTON, FL 32570 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BLACK, NATHAN A Name: Name: 4111 BUFORD LN Address: Address: City-St-Zip: MILTON, FL 32583 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES E BLACK MGR 04/14/2008