2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2006
Secretary of State

DOCUMENT# L05000110846

Entity Name: SBCFOODS, LLC

Current Principal Place of Business:

112 N. WOODLAND BLVD.
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

112 N. WOODLAND BLVD.
DELAND, FL 32720

New Mailing Address:

FEI Number: 43-2098699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

FIEDLER, TIMOTHY R ESQ
FOGLE & FIEDLER, P.A.
217 E PLYMOUTH AVE
DELAND, FL 32724 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: CECIL, WILLIAM B
Address: 117 N GARFIELD AVE
City-St-Zip: DELAND, FL 32724

Title: MGRM ( ) Delete
Name: CECIL, CAROLYN B
Address: 117 N GARFIELD AVE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CECIL, WILLIAM B
Address: 112 NORTH WOODLAND BLVD
City-St-Zip: DELAND, FL 32720

Title: MGRM (X) Change ( ) Addition
Name: CECIL, CAROLYN B
Address: 112 NORTH WOODLAND BLVD
City-St-Zip: DELAND, FL 32720

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: WILLIAM B. CECIL MGR 05/17/2006

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