2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

03-14-2006 90198 048 ****50.00

FILED L05000113103
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2006 JUN 14 AM 10:39

DOCUMENT # L05000113103

1. Entity Name

SANFILIPPO HOLDINGS, LLC

Principal Place of Business	Mailing Address
7698 HOLLYRIDGE CIRCLE JACKSONVILLE FL 32256	7698 HOLLYRIDGE CIRCLE JACKSONVILLE FL 32256

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, TERRY A ESQUIRE
50 NORTH LAURA STREET, SUITE 2500
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name: ANDREW P. SANFILIPPO

Street Address (P.O. Box Number is Not Acceptable): 7698 HOLLYRIDGE CIRCLE

City: JACKSONVILLE FL Zip Code 32256

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 [signature] 2/28/06
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	PRESIDENT	☐ Delete
NAME	JUDY SANFILIPPO	
STREET ADDRESS	7698 HOLLYRIDGE CIRCLE	
CITY-ST-ZIP	JAX, FL. 32256	
TITLE	SEC. & TREAS.	☐ Delete
NAME	ANDREW SANFILIPPO	
STREET ADDRESS	7698 HOLLYRIDGE CIRCLE	
CITY-ST-ZIP	JAX, FL. 32256	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 2/28/06 904-996-1595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #