2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045426

Name:

Address:

City-St-Zip:

ROSENBERG, LYNN

765 MIDLANDS AVENUE

YONKERS, NY 10704 US

Entity Name: 51 UNIFIED FOOD CONCEPTS, LLC

FILED May 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3389 SHERIDAN STREET 496 HOLLYWOOD, FL 33021 US **Current Mailing Address: New Mailing Address:** 3389 SHERIDAN STREET HOLLYWOOD, FL 33021 US FFI Number: FEI Number Applied For (X) 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: Name and Address of New Registered Agent: CARDENAS, MAYRA FLYNN, FRANK 3389 SHERIDAN STREET 3389 SHERIDAN STREET 496 496 HOLLYWOOD, FL 33021 US HOLLYWOOD, FL 33021 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: FRANK FLYNN 05/21/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete FLYNN, FRANK Name: Name: Address: 3389 SHERIDAN STREET Address: City-St-Zip: HOLLYWOOD, FL 33021 FL City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition Name: HARDING, ALAN Name: Address: 468 GREENE STREET Address: City-St-Zip: BROOKLYN, NY 11216 US City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition NUNEZ, L. MESHEL Name: Name: 4500 STEINER RANCH BLVD. Address: Address: City-St-Zip: AUSTIN, TX 78732 US City-St-Zip: Title: MGR (X) 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: FRANK FLYNN MGRM 05/21/2007