FILED Jun 04, 2007 8:00 am Secretary of State 05-02-2007 90346 002 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000045871 1. Entity Name T.G. LEE FOODS, LLC Principal Place of Business 2515 MCKINNEY AVENUE, SUITE 1200 DALLAS, TX 75201 Mailing Address 2515 MCKINNEY AVENUE, SUITE 1200 DALLAS, TX 75201						30009846				
2. Principal P	lace of Busin	ness - No P.O. Box#	3. Mailing Address		• •					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04172007	Chg-LLC	CR2E0	83 (12/06)	
City & State			City & State			4. FEI Number 59-	137 96	35		oplied For ot Applicable
Zip		Country	Zip	Coun	itry		Status Desired		\$5.00 Add	ditional
	-6. Name	and Address of Current	Registered Agent			7. Name and A	Address of New R	legistered :	Agent	
					Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (P.O. Box Number is Not Acceptable)					
	•									
					City			FL	Zip Cod	е
8. The above	named entit	y submits this statement fo	r the purpose of changing it	s register	ed office or register	ed agent, or both,	, in the State of Ad	orida. I am	lamiliar with,	and accept
•	sons of regis	and ayou.							•	
SIGNATURE .	Signature, typed	or printed name of registered agent i	and title if applicable. (NO	TE: Registere	d Agent signature required	when reinstating)		DATE		
FI	iling Fee i ue by Ma	is \$50.00 y 1, 2007							ayable to ent of Stat	
9.		MANAGING MEMBE	RS/MANAGERS	10.		1. %	ADDITIONS	CHANGES		
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11. I hereby a	certify that th	e information supplied with	his filing does not quality for	or the # ke	mptions contained i	in Chapter 119, Fl	orida Statutes. I fu	rther certify	that the info	rmetion
11. I hereby of indicated limited lia	certify that the on this reportality compa-	e information supplied with rt is true and accurate and ny or the receiver or truste	his filing does not qualify for that my appature shall have empoyered to execute this	or the rike a the same s report as	mptions contained i a legal effect as if m s required by Chapt	n Chapter 119, Fl ade under oath; t er 608, Florida St	orida Statutes. I fu thet I am a manag atutes.	inther certify jing membe	that the info or or manage	rmetion r of the
11. I hereby a indicated limited lia	certify that the on this reportbility compa-	e information supplied with it is true and accurate and ny or the receiver or truste	his filing does not qualify for that my agnature shall have empoyeded to execute this	or the fixed the famous report as	mptions contained in a legal effect as if many chapter in a required by	iade under oath; t er 608, Florida St	orida Statutes. I fu that I am a manag atutes.	edmem gnig	r or manage	rmetion r al the

Steven J. Kepps