

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90065 014 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             |                                 |                                                                             |                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # LC6000050347</b><br>1. Entity Name<br><b>TZAMARAS FOODS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             |                                 |                                                                             |                                                                                                                                                              |  |
| Principal Place of Business<br><b>11811 MAGNOLIA FALLS DR<br/>JACKSONVILLE FL 32258</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                             |                                 | Mailing Address<br><b>11811 MAGNOLIA FALLS DR<br/>JACKSONVILLE FL 32258</b> |                                                                                                                                                              |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             | 3. Mailing Address              |                                                                             |                                                                                                                                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                             | Suite, Apt. #, etc.             |                                                                             |                                                                                                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             | City & State                    |                                                                             | 4. FEI Number <b>77-064011</b><br><input checked="" type="checkbox"/> APPLIED FOR                                                                            |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                             | Country                         |                                                                             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                              |  |
| 6. Name and Address of Current Registered Agent<br><b>TZAMARAS, ATHANASIOS D<br/>11811 MAGNOLIA FALLS DR<br/>JACKSONVILLE FL 32258</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             |                                 |                                                                             | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |
| 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.<br>SIGNATURE: _____ (NOTE: Registered Agent signature required when changing) DATE: _____                                                                                                                                                                                  |                                                                                             |                                 |                                                                             |                                                                                                                                                              |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008, Fee Will Be \$538.75</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                         |                                                                                             |                                 |                                                                             |                                                                                                                                                              |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             |                                 | 10. ADDITIONS/CHANGES                                                       |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGR<br/>TZAMARAS, ATHANASIOS D<br/>11811 MAGNOLIA FALLS DR<br/>JACKSONVILLE FL 32258</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                             | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                             | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                             | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                             | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                             | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |  |
| 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. |                                                                                             |                                 |                                                                             |                                                                                                                                                              |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |                                 | 2/4/08 (904) 353-7757                                                       |                                                                                                                                                              |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                                 | <small>Date</small>                                                         |                                                                                                                                                              |  |