2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 13, 2008
Secretary of State

DOCUMENT# L06000055833

Entity Name: SUNSHINE BEVERAGE AND SNACK LLC

Current Principal Place of Business:

1601 NW 22ND COURT
J-22
POMPANO BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

1082 BONNIEVIEW CIRCLE
WOODBURY, MN 55129 US

New Mailing Address:

13750 ONEIDA DRIVE
BUILDING E-2, SUITE 109
DELRAY BEACH, FL 33446 US

FEI Number: 83-0458168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMPERT, PHILIP T
13750 ONEIDA DRIVE
BUILDING E-2, SUITE 109
DELRAY BEACH, FL 33446 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: MGR ( ) Delete
Name: SODERBERG, THOMAS F
Address: 1082 BONNIEVIEW CIRCLE
City-St-Zip: WOODBURY, MN 55129 US

Title: MGRM (X) Delete
Name: SODERBERG, KATHERINE M
Address: 1082 BONNIEVIEW CIRCLE
City-St-Zip: WOODBURY, MN 55129 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LAMPERT, PHILIP T
Address: 13750 ONEIDA DRIVE, BUILDING E-2, STE 109
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PHILIP T. LAMPERT MGR 09/13/2008

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