

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070634

Entity Name: DIABETIC BASKETS, LLC

FILED
Aug 31, 2007
Secretary of State

Current Principal Place of Business:

623 HAGER COURT
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

PO BOX 5153
DELTONA, FL 327255153

New Mailing Address:

FEI Number: 20-5500579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

ALLEN, THOMAS R
623 HAGER COURT
DELTONA, FL 32725 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALLEN, THOMAS R
Address: PO BOX 5153
City-St-Zip: DELTONA, FL 327255163

Title: MGRM () Delete
Name: ALLEN, DEBORAH S
Address: PO BOX 5153
City-St-Zip: DELTONA, FL 327255153

ADDITIONS/CHANGES:

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

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: THOMAS R ALLEN

MGRM

08/31/2007

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