2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 27, 2007
Secretary of State

DOCUMENT# L06000110779

Entity Name: MCAMBERT PRIVATE LABEL MANUFACTURER, LLC

Current Principal Place of Business:

1276 S JOHN YOUNG PKWY
KISSIMMEE, FL 34741

New Principal Place of Business:

882-884 DUNCAN AVE
KISSIMMEE, FL 34744

Current Mailing Address:

PO BOX 421287
KISSIMMEE, FL 34742

New Mailing Address:

FEI Number: 20-5886325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMBERT, MAGDIEL
2830 GRASMERE VIEW PKWY
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

AMBERT, MAGDIEL
3783 EAGLE ISLE CR
KISSIMMEE, FL 34746 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: _____ 08/27/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: AMBERT, MAGDIEL
Address: 2830 GRASMERE VIEW PKWY
City-St-Zip: KISSIMMEE, FL 34746

Title: MGR ( ) Delete
Name: MARRERO, TANIA
Address: 2830 GRASMERE VIEW PKWY
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: AMBERT, MAGDIEL
Address: 3783 EAGLE ISLE CR
City-St-Zip: KISSIMMEE, FL 34746

Title: MGR (X) Change ( ) Addition
Name: MARRERO, TANIA
Address: 3783 EAGLE ISLE CR
City-St-Zip: KISSIMMEE, FL 34746

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: MAGDIEL AMBERT MGR 08/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date