




FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company B & G FOODS, I.C. 3454 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228		DOCUMENT # L94000000328 FILED 97 FEB 19 AM 8:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>mwb</i> 1a. Principal Place of Business Address 3454 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business Poseidon Restaurant Suite, Apt. #, etc. City & State Sarasota FL Zip 34228 Country Sarasota		2a. Mailing Address 3454 Gulf of Mexico Dr Suite, Apt. #, etc. City & State Zip Country 3. Date Organized or Qualified 07/06/1994 3a. State of Formation FL 4. FEI Number 65-0483410 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 02/12/1996 6. Certificate of Status Desired <input checked="" type="checkbox"/> SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent CHANDLER, JAMES R III BENDER, BENDER, CHANDLER & ADAIR, P. 5915 PONCE DE LEON BLVD., STE. 60 CORAL GABLES FL 33146		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
10. Title Managing Members/Managers Business Street Address City, State and Zip Code			
MGR	BONFRERE, NICHOLAS	3454 GULF OF MEXICO DRIVE	LONGBOAT KEY FL
MGR	GIUFRE, VINCENT	3454 GULF OF MEXICO DRIVE	LONGBOAT KEY FL
<div style="display: flex; justify-content: space-between; align-items: center;"><div style="text-align: center;"> 2-11-97 #1167</div><div style="text-align: right;">600002097016--0 -02/25/97--01110--008 *****203.75 *****203.75</div></div>			
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		Vincent Giufre	2/12/97 (941) 383-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	Daytime Phone #