2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L94000000642

1. Entity Name
WHARF FOODS, L.C.

Principal Place of Business	Mailing Address
5365 STEWART ST. MILTON, FL 32570	5365 STEWART ST. MILTON, FL 32570

60012031

02282008   Chg-LLC   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1904 Cypress St.	1904 Cypress St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Pensacola, FL	City & State Pensacola, FL
Zip 32501 - Country USA	Zip 32501 Country USA

4. FEI Number 59-3285242 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KNUDSEN, DAVID 5365 STEWART STREET MILTON, FL 32570	Name KNUDSEN, DAVID Street Address (P.O. Box Number is Not Acceptable) 1904 Cypress St City Pensacola FL Zip Code 32501

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.

SIGNATURE: DAVID KNUDSEN
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 2/28/08

..FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	☑ Delete	TITLE	MGR	☐ Change ☐ Addition
NAME	KNUDSEN, DAVID		NAME	KNUDSEN, DAVID	
STREET ADDRESS	5365 STEWART ST.		STREET ADDRESS	1904 CYPRESS ST	
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: DAVID KNUDSEN   Its Mgr   2/28/08   850 469 4805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #