, 2000 UNIFORM BUSINESS REPORT (UBR)

	DOCUMENT # L9800000382				FILED			
1. Entity Name FOODSERVICE VENTURES, L.C.					00 JUNET AM 9: 13			
TOODSETTION VERTICALES, E.S.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
					TALLA	LIARY OF ST HASSEF ELV	TATE	
Principal Place of Business Mailing Address 757 SOUTH NOVA ROAD 757 SOUTH NOVA ROAD							AUINA	
757 SOUTH NOVA ROAD 757 SOUTH NOVA ROA ORMOND BEACH FL 32174 ORMOND BEACH FL 3								
					1 (84)(81) 819 (818) 1		1000 0000 000	
Principal Place of Business								
2. Fillicipal Flace of business		3. Mailing Address	5. Waling Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, etc.	, etc		DO.1	IOT:WRITE:IN.THIS:	SPACE:	
City & State		City & State		4. FEI Number		Ар	plied For	
		To and the second		59-3	500837		Applicable	
Zip _.	Country	Zip	Country		5. Certificate of Status Desired			
	6. Name and Address of Current	Registered Agent		Nama	7. Name and Address	of New Registered	Agent	
EDANK I	ADDV			Name				
Frank, Larry 757 South Nova Road				Street Address (P.O. Box Number is Not Acceptable)				
ORMOND BEACH FL 32174								
			7	City		FL	Zip Code	•
8. The above	named entity submits this statement for	or the purpose of changing its	registered of	office or registe	red agent, or both, in the Si	ate of Florida.	<u> </u>	
	·							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOT	E: Registered Ag	ent signature require	d when reinstating)	DATE		
		FILE NO	OWIII EE	F 19-\$50-00	<u> </u>			
		Make Check Pa		•				
9.	MANAGING MEME	DEDC/MENDEDC	10.		· .	DITIONS/CHANGES		
TITLE	MGR MANAGING MEWE	Delete	TITLE			ALLONS ALLONGED	Change	Addition
MARKÉ	SALES PARTNER SYSTEMS, INC.							
STREET ADDRESS CITY-ST-ZIP	757 SOUTH NOVA ROAD ORMOND BEACH FL 32174		STREET A					
TITLE	Oranonio Octorrito Octor	☐ Defete	TITLE				Change	Addition
NAME			NAME STREET A	Inneces	8000	03278	878-	0
STREET ADDRESS CITY-ST-ZIP			CITY- 8T-)03278 06/06/000	011010	010
TITLE		☐ Delete	TITLE			₩₩\$350.00	Change	Addition
NAME		•	MAME Street a	INNRESS			-	}
STREET ADDRESS CITY-ST-ZIP			CITY- ST-					
TITLE		☐ Delete	· TITLE				Change	Addition
NAME STREET ADDRESS			NAME STREET A	IDDRESS .	, - ·	. "		
CITY-ST-ZIP			CITY-8T-	ZIP				
TITLE		☐ Delate	TITLE NAME			•	Change	Addition
NAME STREET ADDRESS	,		STREET A	LDDRESS				
CITY-ST-ZIP	·		CITY-ST-	ZIP				
TITLE MAME		☐ Delete	TITLE Name				Change	Addition
STREET ADDRESS			STREET A	IDDRESS				Ì
CITY-ST-ZIP			CITY-8T-				 	
11. I hereby of indicated limited lia	certify that the information supplied wit on this report is true and accurate and bility company or the received or truste	n this filing does not qualify for I that my signature shall have e empowered to execute this	r the exemp the same le- report as re-	tion stated in Si gal effect as if i quired by Chap	ection 119.07(3)(i), Florida : made under oath; that I am oter 608, Florida Statutes.	Statutes. I further cer a managing membr	rtify that the in er or manager	tormation of the

SIGNATURE REQUIREDARRY FRANK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #