2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L9800000382

FOODSERVICE VENTURES, L.C.



FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90003 022 ****50.00

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|--|--|--------------------------------|--|--|---|---------------------------------------|-----------------------------------|----------------|---|
| Principal Plac | e of Business | Mailing Address | | | | _ | | | |
| | | | 757 SOUTH NOVA ROAD ORMOND BEACH FL 32174 | | | | 111 16 111 11 111 I | Edigg hilde ig | il a (1 0) 1 00 1 |
| 2. Principal Place of Business | | 3. Mailing Address | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | CHECK HERE IF | MAKING C | HANGES | |
| City & State | | City & State | City & State | | 4. FEI Number 59-3500837 Applied Fo | | | | plied For t Applicable |
| Zip | Country | Zip | Zip Country | | 5. Certificate of Status Desired \$5.00 Additional Fee Required | | | | |
| | 6. Name and Address of Cur | rent Registered Agent | | | 7. Name an | d Address of New Reg | istered Ag | ent | |
| EDA | AUC LADDY | | | Name | • | | | | |
| FRANK, LARRY 757 SOUTH NOVA ROAD ORMOND BEACH FL 32174 | | | | Street Addres | ss (P.O. Box Numb | per is Not Acceptable) | - | | |
| 01117 | | | | City | | <u> </u> | FL | Zip Code | Э |
| | | · | | | | | | 201 141 | |
| | named entity submits this stateme ions of registered agent. | ent for the purpose of chang | ging its registere | ed office or regis | stered agent, or b | oth, in the State of Floric | da. I am fan | niliar with, | and accept |
| SIGNATURE . | Signature, typed or printed name of registered | agent and title if applicable. | (NOTE: Registered | d Agent signature requ | ired when reinstating) | | DATE | | |
| | and the state of t | · I | | | G I | | · | | |
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| 9. | MANAGING ME | MBERS/MANAGERS | 10. | | <u> </u> | ADDITIONS/CI | HANGES | | |
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| NAME | SALES PARTNER SYSTEMS | | NAMI | į. | | | _ | _ ` ` | |
| STREET ADDRESS | 757 SOUTH NOVA ROAD | | STRE | ET ADDRESS | | | | | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | | CITY | -ST-ZIP | 1 | | | | |
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| STREET ADDRESS | | ~ | NAMI STRE | ET ADDRESS* | | | | | |
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11. I 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 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.

JRE REQUIRED ARRY FRANK AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/3/03

386-672-8434