

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT

**L99000001034**

DOCUMENT # L99000001034  
1. Entity Name  
**HARVEST BASKET FOODS II, L.L.C.**

**FILED**  
**02 APR 29 AM 8 51**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**8890 NW 7th Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City & State  
**Same**

Zip  
**33150**

Country  
**USA**

Zip  
**Same**

Country  
**Same**

4. FEI Number  
**59-3566728**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**N. Dwayne Gray, Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**Greenspoon, Marder, et. al.**

**135 W. Central Blvd., Suite 1100**

City  
**Orlando**

FL Zip Code  
**32801**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**300005368918--6**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Gilardi Management Services, LLC</b> <b>2100 Country Club Road</b> <b>Sanford, Florida 32771</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>N. Dwayne Gray, Jr.</b> <b>135 W. Central Blvd., Suite 1100</b> <b>Orlando, Florida 32801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

**BK**

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.

SIGNATURE: *N. Dwayne Gray, Jr.* **MANAGER** 4/24/02 (407) 425-6559  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)



L99000001034

ACCOUNT NO. : 072100000032

REFERENCE : 553444 5011958

AUTHORIZATION :

*Patricia Pizit*

COST LIMIT : \$ 55.00

ORDER DATE : April 29, 2002

ORDER TIME : 11:37 AM

ORDER NO. : 553444-085

CUSTOMER NO: 5011958

CUSTOMER: Anne Winsor, Legal Assistant  
Greenspoon Marder Hirschfeld  
135 West Central Blvd Ste 1100  
South Trust Bank Building  
Orlando, FL 32801

FILED  
02 APR 29 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: HARVEST BASKET FOODS II,  
L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: \_\_\_\_\_

BK

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
02 APR 29 PM 12:55

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