L99000001035

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT

DOCUMENT # L99000001035

FILED
02 APR 29 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
HARVEST BASKET FOODS I, L.L.C.

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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
Zip: 33150
Country: USA

City & State: Same
Zip: Same
Country: Same

4. FEI Number: 59-3562548
Applied For
Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

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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 _____
Signature, typed or printed name of registered agent and title if applicable. DATE

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

400005369924--1

9. MANAGING MEMBERS / MANAGERS

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

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BK

CR2E083B (12/01)

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 #

L99000001035

CSC

ACCOUNT NO. : 072100000032

REFERENCE : 553444 5011958

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 55.00

ORDER DATE : April 29, 2002

ORDER TIME : 11:34 AM

ORDER NO. : 553444-075

CUSTOMER NO: 5011958

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

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

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

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CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: _____

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DIVISION OF CORPORATIONS
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