2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000001035

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



Principal Place of Business

8890 N.W. 7TH AVE. MIAMI, FL 33150

Mailing Address

8890 N.W. 7TH AVE. MIAMI, FL 33150

FILED May 06, 2005 8:00 am Secretary of State

05-06-2005 90030 022 ****50.00

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04222005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3562548

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY, N. DWAYNE JR. GREENSPOON, MARDER, ET AL 201 E PINE ST, STE 500 ORLANDO, FL 32801

CITY-ST-ZP

DO	NOT	WRITE
IN	THIS	SPACE

SIGNATURE Signature first of programs for a scharge style application and signature required when reinstating) Filling Fee Is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILARDI MANAGEMENT SERVICES LLC 2100 COUNTRY CLUB ROAD SANFORD, FL 32771		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, N DWAYNE JR 201 E PINE ST, STE 500 ORLANDO, FL 32801		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHLATER, JOHN 615 COPELAND MILL RD WESTERVILLE, OH 43081	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME] ·	

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.

THORIZED REPRESENTATIVE

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