


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

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| DOCUMENT # L99000001035 1. Entity Name HARVEST BASKET FOODS I, L.L.C. |  |
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| Principal Place of Business 8890 N.W. 7TH AVE. MIAMI, FL 33150 | Mailing Address 8890 N.W. 7TH AVE. MIAMI, FL 33150 |
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04252006No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 59-3562548 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 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 |
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| 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 the obligations of registered agent. |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ |

**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
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| 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 |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>N. DWAYNE GRAY, JR</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | 4/28/06 407-425-6559 Date Daytime Phone # |