

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90440 001 ****50.00

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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**

00001200



03092007 No Chg-LLC

CR2E083 (11/05)

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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**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

N. Dwayne Gray, Jr. **N. DWAYNE GRAY, JR. ESQ** **3/27/07** **407-425-6559**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #