L99000001508

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT

DOCUMENT # L99000001508

FILED
02 APR 29 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

HARVEST BASKET FOODS, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8890 NW 7th Avenue	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Same
Zip: 33150 Country: USA	Zip: Same Country: Same

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3566726 ☐ 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 _____ 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

000005369930--2

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR N. Dwayne Gray, Jr. 135 W. Central Blvd., Suite 1100 Orlando, Florida 32801
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR John Schlater 615 Copeland Mill Road Westerville, Ohio 43081
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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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: _____ MANAGER 4/24/02 (407) 425-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

L99000001508

ACCOUNT NO. : 072100000032

REFERENCE : 553444 5011958

AUTHORIZATION :

Patricia Pizzuto

COST LIMIT : $ 55.00

ORDER DATE : April 29, 2002

ORDER TIME : 11:32 AM

ORDER NO. : 553444-065

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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TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: HARVEST BASKET FOODS, 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

BK

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA