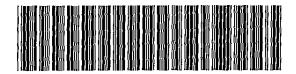
## 19900004014

| (Requestor's Name)                                         |  |
|------------------------------------------------------------|--|
| (Address)                                                  |  |
| (Address)                                                  |  |
| (City/State/Zip/Phone #)                                   |  |
| PICK-UP WAIT MAIL                                          |  |
| (Business Entity Name)                                     |  |
| (Document Number)                                          |  |
| Certified Copies Certificates of Status                    |  |
| Special Instructions to Filing Officer:                    |  |
|                                                            |  |
|                                                            |  |
|                                                            |  |
| (Document Number)  Certified Copies Certificates of Status |  |

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SECRETARY OF STATE
ALLAMASSEE FLOORS.

M



BEN REESE VICE PRESIDENT AND GENERAL COUNSEL

February 18, 2003

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FEB 27 N 9: 38
FEB 27 N 9: 38

Amendment Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: Statements of Change of Registered Office and Registered Agent

Dear Sir or Madam:

Enclosed for filing is a Statement of Change of Registered Office and Register Agent for each of the following entities:

| Entity Name                                                                                                                                                                                                                                                                                                                                            | Document Number                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Pasco Beverage Company Four Seasons Processing Holdings, LLC Four Seasons Processing, LLC SFE Citrus GP, LLC SFE Citrus Holdings, LLC SFE Citrus Processor, L.P., Ltd. Pasco Recreational Properties, LLC Suncoast Transportation Brokers, Inc. Multi-Line Cans, Inc. Belle Harbour Gift Fruit Company Pasco Beverage Group, LLC Pasco Transport, Inc. | Document Number  J34292 L99000007038 L99000007042 M99000001259 M99000001260 B92000000064 L99000004014 H73013 F80452 F56195 M99000001257 146852 |
| Pasco Fransport, Inc.  Pasco Brands, Inc.  Fruitpāck International, Inc.                                                                                                                                                                                                                                                                               | P98000075617<br>S51233                                                                                                                         |

Also enclosed is a check in the amount of \$430.00 payable to the Department of State for the filing fees for these Statements.

Please direct all correspondence and requests for additional information concerning these Statements to me, as Vice President, General Counsel and Secretary of each of the above identified entities, as follows:

Ben Reese Pasco Beverage Group, LLC P.O. Box 97 Dade City, FL 33526-0097

Telephone:

Fax:

Email:

breese@ybeverages.com

Thank you for your cooperation.

Respectfully submitted,

Ben Reese

Enclosures

Nathaniel L. Doliner, Esq. cc:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. The name of the limited liability company is: 1 ASCO he creational Properties. L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2. The mailing address of the limited liability company is: P.O. Box 97, DADE City,  FL 33526-0097                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 07/02/1999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 3. Date of filing/registration in Florida 4. Document number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Nathaniel L. Dolmen, Esquered State:                                                                                                                                                                                                                                                                                                                                                                                                                                |
| C/o Car I from Fields                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 6. The name and address of the new registered agent and/or office:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| BEN REESE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 15000 V.S. Hwy. 30/ N.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Florida street address (P.O. Box NOT acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| DADE City, FL 33523-240/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| City, State and Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. |
| Signature of a member or authorized representative of a member)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Ben Reese, Vice President, General Course & Secretary (Printed or typed name of signee)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.                                                        |
| (Signature of Registered Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

Division of Corporations, P.O. Box 6327, Tallahassee, FL  $\,$  32314

INHS18(10/99) FILING FEE: \$25.00