## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** May 02, 2005 8:00 am Secretary of State

Name and Address of Current Registered Agent   Since Address (P.O. Box Number is Not Acceptable)   Since Address (P.O. B	DOCUMENT # L9900007038  1. Entity Name FOUR SEASONS PROCESSING HOLDINGS, LLC						05-02-2005 90090 049 ****50.00				
DADE CITY, FL 33523  DAVID DATE  DAT	Principal Place of Business Mailing Address										
Salido Apt. 4, otc.   Salido Apt. 4, otc.   Salido Apt. 4, otc.   City & State											
City & State	2. Principal Place of Business		3. Mailing Address								
Space   Spac	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272005	Chg-LLC	CR2E083	(10/03)			
S. Certificate of Sature Desired   Five Required    REESE, BEN 15000 U.S. HIGHWAY 301 NORTH DADE CITY, FL 33523-2401  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Filting Fae is \$50.00	City & State						59-3604502 Not Applica			·	
REESE, BEN 15000 U.S. HIGHWAY 301 NORTH DADE CITY, FL 33523-2401  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    City   FL   Zip Code	Zip	Country	Zip	Zip Country		5. Certificat					
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Single Address (P.O. Box Number is Not Acceptable)	REESE B	FN			Name						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    STRING   Separate   Parameter	15000 U.S	. HIGHWAY 301 NORTH			Street Add	tress (P.O. Box Numl	per is Not Acceptable	e)	-		
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Signature, typed or primed name of registered agent arm steril applications (NOTE: Registered Agent signature recurred when remaining)   DATE	the obligations of registered agent.										
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  ITILE MGR VILLOEN, GARY VILLOEN, GARY VILLOEN, GARY DADE CITY, FL 33523  CITY-ST-2IP DEIde	SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	TE: Registere	d Agent signature	required when reinstating)		DATE		····	
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  ITILE MGR		<u> </u>				,				•	
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