

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90033 005 ****50.00

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03242006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L99000007038		
1. Entity Name FOUR SEASONS PROCESSING HOLDINGS, LLC		
Principal Place of Business 15000 US HIGHWAY 310 N DADE CITY, FL 33523		Mailing Address 15000 US HIGHWAY 310 N DADE CITY, FL 33523
2. Principal Place of Business 15000 Citrus Country Dr Suite, Apt. #, etc. Suite 202 City & State Dade City, FL Zip 33523-2401	3. Mailing Address P.O. Box 97 Suite, Apt. #, etc. City & State Dade City, FL Zip 33526-0097	
6. Name and Address of Current Registered Agent REESE, BEN 15000 U.S. HIGHWAY 301 NORTH DADE CITY, FL 33523-2401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15000 Citrus Country Dr Suite 202 City Dade City, FL Zip Code 33523-2401
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>BEN REESE</u> <u>BEN REESE</u> <u>03/28/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR VILJOEN, GARY 15000 US HIGHWAY 310 N DADE CITY, FL 33523	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 219 Chestnut Forest Dr Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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>GARY VILJOEN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>04/10/06</u> <small>Date</small> <u>813-301-4606</u> <small>Daytime Phone #</small>