2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 17, 2006
Secretary of State

DOCUMENT# L99000007042

Entity Name: FOUR SEASONS PROCESSING, LLC

Current Principal Place of Business:

15000 CITRUS COUNTY DR
STE 202
DADE CITY, FL 335232401

New Principal Place of Business:

111 MCMULLEN BOOTH RD.
SUITE A
CLEARWATER, FL 33579 US

Current Mailing Address:

P.O. BOX 97
DADE CITY, FL 335250097

New Mailing Address:

P.O. BOX 16946
CLEARWATER, FL 337666946 US

FEI Number: 59-3604506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REESE, BEN
15000 CITRUS COUNTY DR
STE 202
DADE CITY, FL 335232401 US

Name and Address of New Registered Agent:

GOLSON, GREGORY ESQ.
110 EAST MADISON ST.
SUITE 200
TAMPA, FL 336024700 US

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: GREGORY GOLSON 08/17/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VILJOEN, GARY
Address: 2101 CHESTNUT FOREST DR
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: MGR. (X) Change ( ) Addition
Name: VILJOEN, GARY
Address: 2101 CHESTNUT FOREST DR.
City-St-Zip: TAMPA, FL 33618 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY VILJOEN MGR. 08/17/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date