


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M02000002367 1. Entity Name PREFERRED FREEZER SERVICES OF SOUTH FLORIDA, LLC |  |
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| Principal Place of Business 231 ELM STREET PERTH AMBOY, NJ 08861 | Mailing Address 231 ELM STREET PERTH AMBOY, NJ 08861 |
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01272004 No Chg-LLC

CR2E083 (10/03)

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|------------------------------------|-------------------------------|
| 4. FEI Number 14-1845708 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 |
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

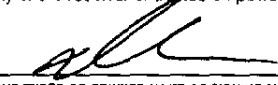
**Filing Fee is \$50.00
Due by May 1, 2004**

U00000147917
05/03/04-80126-008 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR PREFERRED FREEZER SERVICES OF SO. FLA, INC 231 ELM STREET PERTH AMBOY, NJ 08861 |
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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:  **Daniel Con** **4/6/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #