

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90032 013 ****50.00

DOCUMENT # M04000002126	
1. Entity Name FLORIDA POULTRY EXCHANGE, LLC	

Principal Place of Business 9913 SUNCREST STREET PARRISH, FL 34219	Mailing Address 9913 SUNCREST STREET PARRISH, FL 34219
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2. Principal Place of Business 3333 So Belgrave Drive Suite, Apt. #, etc.	3. Mailing Address 3333 So Belgrave Drive Suite, Apt. #, etc.
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City & State Inverness, FL Zip 34452 Country	City & State Inverness, FL Zip 34452 Country
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01202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1115599	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MENNELLA, KEITH 9913 SUNCREST STREET PARRISH, FL 34219	7. Name and Address of New Registered Agent Name Keith Mennella Street Address (P.O. Box Number is Not Acceptable) 3333 So. Belgrave Drive City Inverness FL Zip Code 34452
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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.

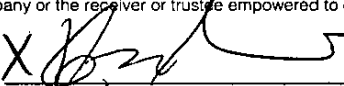
SIGNATURE  DATE **4/30/06**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to — Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MENNELLA, KEITH 100 GEORGE STREET PATERSON, NJ 07503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **4/30/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #