P98000075617

Pasco Beo 15000 US High P.O. Box 97 Dade City. FL	way 301 N.	
(City/SI	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Document Number)		
Certified Coples	Certificates of S	Status
Special Instructions to Filin	ng Officer:	



700012957277

02/27/03--01033--003 **430.00

FILED

03 FEB 27 PH 2: 06

SECRETARY OF STATE

Office Use Only

R.A. Change

T BROWN MAR - 4 2003



BEN REESE VICE PRESIDENT AND GENERAL COUNSEL

February 18, 2003

Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Re: Statements of Change of Registered Office and Registered Agent

Dear Sir or Madam:

Enclosed for filing is a Statement of Change of Registered Office and Register Agent for each of the following entities:

Entity Name	Document Number
Pasco Beverage Company	J34292
Four Seasons Processing Holdings, LLC	L99000007038
Four Seasons Processing, LLC	L99000007042
SFE Citrus GP, LLC	M99000001259
SFE Citrus Holdings, LLC	M99000001260
SFE Citrus Processor, L.P., Ltd.	B92000000064
Pasco Recreational Properties, LLC	L99000004014
Suncoast Transportation Brokers, Inc.	H73013
Multi-Line Cans, Inc.	F80452
Belle Harbour Gift Fruit Company	F56195
Pasco Beverage Group, LLC	M99000001257
Pasco Transport, Inc.	146852
Pasco Brands, Inc.	P98000075617
Fruitpack International, Inc.	S51233

Also enclosed is a check in the amount of \$430.00 payable to the Department of State for the filing fees for these Statements.

Please direct all correspondence and requests for additional information concerning these Statements to me, as Vice President, General Counsel and Secretary of each of the above identified entities, as follows:

Ben Reese

Pasco Beverage Group, LLC

P.O. Box 97

Dade City, FL 33526-0097

Telephone:

352-521-2268

Fax:

352-521-2308 ... ____

Email:

breese@vbeverages.com

Thank you for your cooperation.

Respectfully submitted,

Ben Reese

Enclosures

cc: Nathaniel L. Doliner, Esq.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
Florida in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: Paso Brands, Inc.
2. The principal office address: 15000 U.S. Hwy. 301 North
Pade City = FL 33523-2401 32 23 0
3. The mailing address (if different): Po. Box 9.7
Dade City, FL 33526-0097
4. Date of incorporation/qualification: 8/28/1998 Document number: P980000756/7
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
Nathaniel L. Doliner, Esq.
c/o Carlton Fields
777 S. Harbour Taland Blud.
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): Ben Resse
15000 115 1/21/ 20/0/-
(P.O. Box or personal mailbox NOT (cceptable)
DADE Gty FL 33523-240/
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Bon 120000 Real Reas We a bracident have
(Signature of an officer, chairman or vice chairman of the board) (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as
performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Ben Reason 02/13/03 (Signature of Registered Agent) (Date)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Typed or Printed Name) (Capacity) (Capacity) (Capacity) (Capacity) (Capacity)
* * * FILING FEE: \$35.00 * * *