


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90077 038 ****50.00

DOCUMENT # L04000051660	
1. Entity Name FERRARO FOODS OF FLORIDA, LLC	

Principal Place of Business 239 EAST VIRGINIA STREET TALLAHASSEE, FL 32301	Mailing Address 287 SOUTH RANDOLPHVILLE ROAD PISCATAWAY, NJ 08854
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2. Principal Place of Business 20100 Independence Blvd.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Groveland, FL	City & State
Zip 34736	Country



01052005 Chg-LLC CR2E083 (10/03)

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MUNROE, W. BRADLEY ESQ 239 EAST VIRGINIA STREET TALLAHASSEE, FL 32301	

4. FEI Number 34-2004914	Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of New Registered Agent Name JOHN Di MARE Street Address (P.O. Box Number is Not Acceptable) 20100 Independence Blvd. City Groveland FL Zip Code 34736	

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 *John Di Mare* *General Mgr* DATE *1/20/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	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	MGRM GIAMMARINO, MICHAEL 287 SOUTH RANDOLPHVILLE ROAD PISCATAWAY, NJ 08854 <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 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: <u><i>Michael Giammarino</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u><i>1/21/05</i></u>	Daytime Phone # <u><i>732-424-3400</i></u>
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