
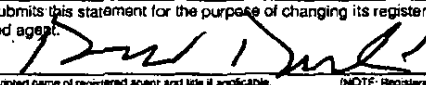
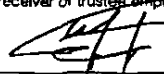


FILED
Mar 24, 2004 8:00 am
Secretary of State

03-10-2004 90188 020 ****55.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

3.

DOCUMENT # L03000008730			
1. Entity Name CHEF ARTERNATIVES CATERING, L.L.C.			
Principal Place of Business 7401 MEGAN ELISSA LANE ORLANDO, FL 32819		Mailing Address 7401 MEGAN ELISSA LANE ORLANDO, FL 32819	
2. Principal Place of Business 415 Lakeview St. Suite, Apt. #, etc.		3. Mailing Address 415 Lakeview St. Suite, Apt. #, etc.	
Apt. 4 City & State Orlando, Florida		Apt. 4 City & State Orlando, Florida	
Zip 32804		Country USA	
Zip 32804		Country USA	
6. Name and Address of Current Registered Agent NAKAGOSHI, SHIGEO 7401 MEGAN ELISSA LANE ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name Ramsey W. Dulin, Esquire Street Address (P.O. Box Number is Not Acceptable) 201 E. Pine Street Suite 425 City Orlando FL Zip Code 32801	
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.		DATE 3/3/04 DATE	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member- <i>Managing Mmbr</i> Phillipe Georges 415 Lakeview St., Apt #4 Orlando, FL. 32804 <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
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
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
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
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 3-3-04 (407) 649-3307 Daytime Phone #	



03022004 Cng-LLC CR2E083 (10/03)

4. FEI Number
13-4243450

5. Certificate of Status Desired \$5.00 Additional Fee Required

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