


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000001832 1. Entity Name KITCHEN CONCEPTS, LLC	
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Principal Place of Business 3707 W. MACKAY AVE. TAMPA, FL 33609	Mailing Address 3707 W. MACKAY AVE. TAMPA, FL 33609
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**DO NOT WRITE IN THIS SPACE**

01212008No Chg-LLC CR2E083 (12/07)

4. FEI Number 01-0854148	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BALDWIN, SARAH  
3707 W. MACKAY AVE.  
TAMPA, FL 33609

**DO NOT WRITE 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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAVEN, DANIEL R 3707 W MCKAY AVE TAMPA, FL 33609
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 02/29/08-80014-002 138.75

**DO NOT WRITE IN THIS SPACE**

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: X Daniel R Craven MGRM 2/19/08 813 279-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #