


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

03-23-2006 90261 020 ****50.00

| | | | | | |
|--|---------------------------------|--|--|---|--|
| DOCUMENT # L05000080676 | | | |  | |
| 1. Entity Name KATE'S KITCHEN, LLC | | | | | |
| Principal Place of Business 1627 1/2 EAST CONCORD STREET ORLANDO, FL 32803 | | | Mailing Address 1627 1/2 EAST CONCORD STREET ORLANDO, FL 32803 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suits, Apt. #, etc. | | | Suits, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 84-1691747 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent HIGGINS, ROBERT F 215 NORTH EOLA DRIVE ORLANDO, FL 32801 | | | | 7. Name and Address of New Registered Agent | |
| Name | | | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | | | City | |
| FL | | | | Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when addressing)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| 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 | |
| Ms. Kathryn Higgins 1627 1/2 E. Concord St. Orlando, FL 32803 owner/manager | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| 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: Kathryn Higgins | | | Date: 3-14-06 | | |
| <small>FORM 6080 AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |



02092008 Chg-LLC CR2E083 (11/05)