

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093912

FILED
Jan 15, 2009
Secretary of State

Entity Name: SIGNATURE KITCHENS OF VERO BEACH, LLC

Current Principal Place of Business:

2040 TREASURE COAST PLAZA
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

4050 WESTMARK DRIVE
DUBUQUE, IA 52002

New Mailing Address:

FEI Number: 20-3624508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRK, WILLIAM N ESQUIRE
979 BEACHLAND BOULEVARD
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MP () Delete
Name: BAUER, DAVID C
Address: 3003 CARDINAL DRIVE, STE. D
City-St-Zip: VERO BEACH, FL 32963

Title: MC () Delete
Name: FALB, MARK C
Address: 4050 WESTMARK DRIVE
City-St-Zip: DUBUQUE, IA 52002

Title: MV () Delete
Name: OWEN, STEVEN C
Address: 3003 CARDINAL DRIVE, STE. D
City-St-Zip: VERO BEACH, FL 32963

Title: MV () Delete
Name: MATHERNE, DENNIS
Address: 3003 CARDINAL DR., STE. D
City-St-Zip: VERO BEACH, FL 32963

Title: MV () Delete
Name: BEARD, BRETT
Address: 3003 CARDINAL DRIVE, STE. D
City-St-Zip: VERO BEACH, FL 32963

Title: MST (X) Delete
Name: FELTES, GREGORY G
Address: 4050 WESTMARK DRIVE
City-St-Zip: DUBUQUE, IA 52002

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MST (X) Change () Addition
Name: FELTES, GREGORY G
Address: 4050 WESTMARK DRIVE
City-St-Zip: DUBUQUE, IA 52002

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID C BAUER

MP

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date