

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0056416

DOCUMENT # L00000015191

1. Entity Name
CONTINENTAL CATERING, L.L.C.



FILED
03 OCT 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business 9067 SOUTHERN BLVD. WEST PALM BEACH FL 33411	Mailing Address P.O. BOX 212047 WEST PALM BEACH FL 33421-2047
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 65-1059548	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**SCIRROTTO, GREGORY A
18319 OAK LEAF DR.
JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

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 *Gregory A. Scirrotto* **GREGORY A. SCIRROTTO** **09/02/03**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

400024179274
 10/27/03--01120--016 **150.00

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	<input type="checkbox"/> Delete
NAME	PS SCIRROTTO, GREGORY A	
STREET ADDRESS	18319 OAK LEAF DR.	
CITY-ST-ZIP	JUPITER FL 33458	

10. ADDITIONS / CHANGES

TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	400024179274		
STREET ADDRESS	10/27/03--01120--016		
CITY-ST-ZIP	**150.00		

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: *Gregory A. Scirrotto* **GREGORY A. SCIRROTTO** **9/2/03** **561-784-7200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)