

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016289

FILED
Feb 10, 2004
Secretary of State

Entity Name: BLUE SKY CATERING COMPANY LLC

Current Principal Place of Business:

1424 MADISON ST.
HOLLYWOOD, FL 33019

New Principal Place of Business:

1424 MADISON ST.
HOLLYWOOD, FL 33020

Current Mailing Address:

1424 MADISON ST.
HOLLYWOOD, FL 33019

New Mailing Address:

1424 MADISON ST.
HOLLYWOOD, FL 33020

FEI Number: 65-1066550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIG, ELIZABETH M
1424 MADISON ST.
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

CRAIG, ELIZABETH M
1424 MADISON ST.
HOLLYWOOD, FL 33020 US

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: ELIZABETH CRAIG

02/10/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WARDENSKI, TIMOTHY
Address: 1424 MADISON ST.
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM () Delete
Name: CRAIG, ELIZABETH
Address: 1424 MADISON ST.
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WARDENSKI, TIMOTHY
Address: 1424 MADISON ST.
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM (X) Change () Addition
Name: CRAIG, ELIZABETH
Address: 1424 MADISON ST.
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY WARDENSKI

MGR

02/10/2004

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