
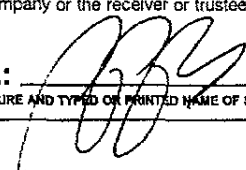


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L01000007875		
1. Entity Name FAMAS INTERNATIONAL FOOD SERVICE, L.L.C.		
Principal Place of Business 5424 CENTRAL FL PKWY ORLANDO, FL 32821	Mailing Address 5424 CENTRAL FL PKWY ORLANDO, FL 32821	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PETRARCA, FRANCO 5474 CENTRAL FL PKWY ORLANDO, FL 32821		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETRARCA, FRANCO 5521 SASSAPARILLA LANE ORLANDO, FL 32821	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETRARCA, ANTONIO 5521 SASSAPARILLA LANE ORLANDO, FL 32821	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		01/17/2006 407-239-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #



01172006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3720648	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

1100000393693
01/25/06-80031-025 50.00
1100000393693
01/25/06-80031-026 5.00