


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 25, 2003 8:00 am
Secretary of State

09-25-2003 90039 028 ****50.00

DOCUMENT # L01000009691

1. Entity Name
A MOVEABLE FEAST, L.L.C.



Principal Place of Business Mailing Address

**8785 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952** **8785 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952**

2. Principal Place of Business 3. Mailing Address

6848 NORMAN DR **same**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

MELBOURNE VILLAGE FL **FL**

Zip Country Zip Country

32904 **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCULLOUGH, KAREN O
8785 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952**

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: *Karen O. McCullough* DATE: **9/20/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	MCCULLOUGH, KAREN O MS	8785 S TROPICAL TRAIL	MERRITT ISLAND FL 32952	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<i>MCCULLOUGH, KAREN O MS</i>	<i>6848 NORMAN DR</i>	<i>MELBOURNE VILLAGE FL 32904</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Karen O. McCullough* DATE: **9/20/03** **321-676-3511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (4/03)