


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90199 013 \*\*\*\*50.00

<b>DOCUMENT # L01000022312</b>	
1. Entity Name <b>FROM SOUP TO NUTS, LLC</b>	

Principal Place of Business <b>2711 NE 40TH STREET FORT LAUDERDALE FL 33308</b>	Mailing Address <b>2711 NE 40TH STREET FORT LAUDERDALE FL 33308</b>
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2. Principal Place of Business <b>2633 SE 15th St</b>	3. Mailing Address <b>2633 SE 15th St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pompano Beach, FL</b>	City & State <b>Pompano Beach, FL</b>
Zip <b>33062</b>	Country
Zip <b>33062</b>	Country

1st MOORE CR2E083 (10/05)	
4. FEI Number <b>65-1113926</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>RENAE, PAMELA J 2711 NE 40TH STREET FORT LAUDERDALE FL 33308</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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	DATE

<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2006</b></p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE <b>MGR</b>	<input checked="" type="checkbox"/> Delete
NAME <b>RENAE, PAMELA J</b>	
STREET ADDRESS <b>2711 NE 40TH STREET</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33308</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE <b>Mgr - Pamela Renae</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Pamela Renae</b>	
STREET ADDRESS <b>2633 SE 15th Street</b>	
CITY-ST-ZIP <b>Pompano Beach, FL 33062</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: <b>Pamela Renae</b>	3-1-06 954-788-0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #