Jul.11. 2005 5:57PM

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State
07-18-2005 90109 028 ****50.00

DOCUMENT # L02000002179

1. Entity Name
CATERING BY JO-EL'S, L.L.C.

20064425

07112005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
2619 23RD AVENUE NORTH ST PETERSBURG, FL 33713	2619 23RD AVENUE NORTH ST PETERSBURG, FL 33713

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
27-0009836
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHRS, DENIS A 2575 ULMERTON RD, STE 210 CLEARWATER, FL 33762	Name: JOEL GOETZ Street Address (P.O. Box Number is Not Acceptable): 2619 23rd Ave N City: St Petersburg FL Zip Code: 33713

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
Signature of one of the above named agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RUFFES, HORST 2619 23RD AVE N ST PETERSBURG, FL 33713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GOETZ, JOEL 2619 23RD AVE N ST PETERSBURG, FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOETZ, ELLEN 2619 23RD AVE N ST PETERSBURG, FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RUFFES, JACQALINE 2619 23RD AVE N ST PETERSBURG, FL 33713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 a receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

(*) **SIGNATURE:** _____ Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #