

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000015400

**FILED**  
**Apr 27, 2005**  
**Secretary of State**

**Entity Name:** CARIBBEAN KITCHEN, LLC

**Current Principal Place of Business:**

125 LONGVIEW AVE.  
CELEBRATION, FL 34747 US

**New Principal Place of Business:**

2650 HOLIDAY TRAIL  
KISSIMMEE, FL 34746 US

**Current Mailing Address:**

125 LONGVIEW AVE.  
CELEBRATION, FL 34747 US

**New Mailing Address:**

**FEI Number:** 81-0557336      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, MARK A  
125 LONGVIEW AVE.  
CELEBRATION, FL 34747 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ROBINSON, MARK A  
Address: 125 LONGVIEW AVE.  
City-St-Zip: CELEBRATION, FL 34747 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARK A. ROBINSON

PRES

04/27/2005

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