2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Feb 03, 2005 08:00 AM Secretary of State DOCUMENT # L02000021550 1. Entity Name LEISURE TIME MEALS L.L.C. Mailing Address Principal Place of Business 4124 72ND AVENUE EAST SARASOTA FL 34243-5154 PO BOX 383 TALLEVAST FL 34270 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 55-0793766 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STARK, EDWARD G Street Address (P.O. Box Number is Not Acceptable) 4124 72ND AVENUE EAST SARASOTA FL 34243-5154 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Addition TITLE MGR TITLE ☐ Change Delete STARK, EDWARD G NAME NAME STREET ADDRESS STREET ADDRESS 4124 72ND AVE CITY-ST-ZIP SARASOTA FL 34243 CITY - ST - ZIP TITLE ☐ Change ☐ Addition Delete TITLE U00000214158 NAME NAME 02/03/05-80101-015 55.00 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Defete FITLE ☐ Change Addition | TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-S1-ZiP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition | ☐ Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-7/2 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

EDward 6. Stark 2/1/05

FILED