2005 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Aug 05, 2005 08:00 AM Secretary of State DOCUMENT # L03000010047 INTERNATIONAL HOSPITALITY PURVEYORS, LLC Principal Place of Business __ Mailing Address 23 N.E. 16TH STREET P.O. BOX 460861 FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33346 US 08042005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0534226 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHARRY, MARY-ELLEN D DO NOT WRITE 23 N.E. 16TH STREET FT. LAUDERDALE, FL 33304 IN THIS SPACE 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. UL 03, 2005 SIGNATURE (NOTE. Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 U000000375867 08/05/05-80004-010 55.00 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME WHARRY, MARY-ELLEN D STREET ADDRESS 23 N.E. 16TH STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33304 MGRM TITLE WHARRY, BRUCE A NAME STREET ADDRESS 23 N.E. 16TH STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33304 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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 AND TYPED OR PHINYED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP