


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90071 010 ****50.00

DOCUMENT # L03000011995	
1. Entity Name CUTTING EDGE CUISINE, LLC	

Principal Place of Business 5851 HOLMBERG ROAD, APT 1613 PARKLAND, FL 33067	Mailing Address 5851 HOLMBERG ROAD, APT 1613 PARKLAND, FL 33067
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24057441

2. Principal Place of Business 7000 W Palmetto Park Rd Ste 107B Boca Raton FL Zip 33433 Country USA	3. Mailing Address 7000 W Palmetto Park Rd Ste 107B Boca Raton FL Zip 33433 Country USA
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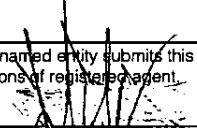
02182004 Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3684465	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LYNN, MARK J ESQ 2101 WEST COMMERCIAL BLVD., SUITE 4100 FORT LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent Name: Jared Gilbert Street Address (P.O. Box Number is Not Acceptable): 5851 Holmberg Rd City: Parkland FL Zip Code: 33067
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILBERT, JARED 5851 HOLMBERG ROAD, #1613 PARKLAND, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUBENSTEIN, JEREMY 4111 CORAL TREE CIRCLE, APT 323 COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	Date: 4/26/04	Daytime Phone #: 561-361-6725
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