

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State

01-24-2005 90105 033 ****50.00

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01032005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000031152 1. Entity Name BANQUET AND EVENT ELEGANCE, LLC					
Principal Place of Business 6501 W. COMMERCIAL BLVD FORT LAUDERDALE, FL 33319			Mailing Address 6501 W. COMMERCIAL BLVD FORT LAUDERDALE, FL 33319		
2. Principal Place of Business 6435 W Commercial Blvd <small>Suite, Apt. #, etc.</small>		3. Mailing Address 6501 W Commercial Blvd <small>Suite, Apt. #, etc.</small>			
City & State Tamarac, Florida		City & State Tamarac, Florida		4. FEI Number 20-0186227	
Zip 33319		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GUSTAFESTEE, CARMINE E 6501 COMMERCIAL BLVD TAMARAC, FL 33319				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>C. E. GUSTAFESTE</u> DATE <u>1/19/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUSTAFESTE, CARMINE E 6501 COMMERCIAL BLVD TAMARAC, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABUSH, WAYNE 6501 COMMERCIAL BLVD TAMARAC, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u>C. S. J.</u>			Date <u>1/19/05</u> Daytime Phone # <u>954 726 0346</u>		