

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90025 047 \*\*\*\*50.00

<b>DOCUMENT # L03000031532</b>				<b>1. Entity Name</b> <b>MAMA FU'S WELLINGTON, LLC</b>	
<b>Principal Place of Business</b> 232 SOUTH DILLARD STREET WINTER GARDEN, FL 34787			<b>Mailing Address</b> 232 SOUTH DILLARD STREET WINTER GARDEN, FL 34787		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04262004 Chg-LLC CR2E083 (10/03)	
<b>4. FEI Number</b> 20-0428708				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BURDICK, MIKE 232 SOUTH DILLARD STREET WINTER GARDEN, FL 34787				<b>7. Name and Address of New Registered Agent</b> Name: <u>STEVEN A. DELISLE</u> Street Address (P.O. Box Number is Not Acceptable): <u>232 SOUTH DILLARD STREET</u> City: <u>WINTER GARDEN</u> FL <u>34787</u>	
<b>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.</b>					
SIGNATURE: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>STEVEN A. DELISLE</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>4-27-04</u> <small>DATE</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURDICK, MIKE 232 SOUTH DILLARD WINTER GARDEN, FL 34787	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEVEN A. DELISLE 232 SOUTH DILLARD STREET WINTER GARDEN FL 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL R. MAGNUSON 232 SOUTH DILLARD STREET WINTER GARDEN FL 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STUART R. KATZMAN 232 SOUTH DILLARD STREET WINTER GARDEN FL 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>4-27-04</u> <small>Date</small>		<u>407-395-0001</u> <small>Daytime Phone #</small>