

FILED
May 02, 2005 8:00 am
Secretary of State

~ ~ ~ ~ ~

[illegible]03242005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000031532		Secretary of State 05-02-2005 90120 033 ****50.00	
1. Entity Name MAMA FU'S WELLINGTON, LLC			
Principal Place of Business 10140 FOREST HILL BLVD SUITE 170 WELLINGTON, FL 33414		Mailing Address 10140 FOREST HILL BLVD SUITE 170 WELLINGTON, FL 33414	
2. Principal Place of Business		3. Mailing Address 232 SOUTH DILLARD STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WINTER GARDEN FL	
Zip	Country	Zip	Country USA
34787		34787	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DELISLE, STEVEN A 232 SOUTH DILLARD STREET WINTER GARDEN, FL 34787		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	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	MGR DELISLE, STEVEN A 232 SOUTH DILLARD STREET 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	MGR MAGNUSON, MICHAEL R 232 SOUTH DILLARD STREET 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	MGR KATZMAN, STUART R 232 SOUTH DILLARD STREET 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	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)(l), 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: STEVEN A. DELISLE		Date: 4/27/05 Daytime Phone #: 407-395-0001	