
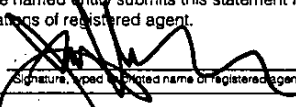



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90295 036 ****50.00

DOCUMENT # L03000033282					
1. Entity Name NARTOWICZ INTERNATIONAL CULINARY CONSULTING, LLC					
Principal Place of Business 7933 FERNLEAF DRIVE ORLANDO, FL 32836 US			Mailing Address 7933 FERNLEAF DRIVE ORLANDO, FL 32836 US		
2. Principal Place of Business 8609 VISTA POINT COVE Suite, Apt. #, etc.		3. Mailing Address 8609 VISTA POINT COVE Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 05-0584214	
Zip 32836		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NARTOWICZ, JAY 7933 FERNLEAF DRIVE ORLANDO, FL 32836			7. Name and Address of New Registered Agent Name: JAY NARTOWICZ Street Address (P.O. Box Number is Not Acceptable): 8609 VISTA POINT COVE City: ORLANDO FL Zip Code: 32836		
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: 				DATE: 4.3.06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MGRM NAME: NARTOWICZ, JAY STREET ADDRESS: 7933 FERNLEAF DRIVE CITY-ST-ZIP: ORLANDO, FL 32836	<input type="checkbox"/> Delete		TITLE: MGRM NAME: JAY NARTOWICZ STREET ADDRESS: 8609 VISTA POINT COVE CITY-ST-ZIP: ORLANDO FL 32836	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: MGRM NAME: NARTOWICZ, JULIE STREET ADDRESS: 7933 FERNLEAF DRIVE CITY-ST-ZIP: ORLANDO, FL 32836	<input type="checkbox"/> Delete		TITLE: MGRM NAME: JULIE NARTOWICZ STREET ADDRESS: 8609 VISTA POINT COVE CITY-ST-ZIP: ORLANDO FL 32836	<input checked="" 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	
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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 exemptions contained in Chapter 119, 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: 4.3.06		Daytime Phone #: 407 339062