## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000040792

City-St-Zip:

Entity Name: CULINARY CLASSICS CATERING L.L.C.

WEST PALM BEACH, FL 33407 US

FILED Apr 19, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 427 NORTHWOOD ROAD WEST PALM BEACH, FL 33407 LIS **Current Mailing Address: New Mailing Address:** 427 NORTHWOOD ROAD WEST PALM BEACH, FL 33407 US FEI Number: 65-0871980 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TYLER, ROGER E 427 NORTHWOOD ROAD WEST PALM BEACH, FL 33407 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete TYLER, ROGER E OWNER Name: Name: Address: 427 NORTHWOOD ROAD Address: City-St-Zip: WEST PALM BEACH, FL 33407 US City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: TYLER, ROGER E OWNER Name: Address: 427 NORTHWOOD ROAD Address: City-St-Zip: WEST PALM BEACH, FL 33407 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition TYLER, ROGER E OWNER Name: Name: Address: 427 NORTHWOOD ROAD Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: ROGER E. TYLER OWNE 04/19/2008