2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2005
Secretary of State

DOCUMENT# L04000005451

Entity Name: KITCHENS IN PARADISE LLC

Current Principal Place of Business:

6603 N 11TH ST
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

6603 N 11TH ST
TAMPA, FL 33604

New Mailing Address:

6721 APPLEWOOD DR
WESLEY CHAPEL, FL 33544 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KAHLES, EDWARD J
6603 N 11TH ST
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

KAHLES, EDWARD J
6721 APPLEWOOD DR
WESLEY CHAPEL, FL 33544 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: EDWARD J KAHLES 07/31/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KAHLES, EDWARD J
Address: 6603 N 11TH ST
City-St-Zip: TAMPA, FL 33604

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KAHLES, EDWARD J
Address: 6721 APPLEWOOD DR
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: MGMR ( ) Change (X) Addition
Name: KAHLES, SABRINA
Address: 6721 APPLEWOOD DR
City-St-Zip: WESLEY CHAPEL, FL 33544 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: EDWARD J KAHLES MGRM 07/31/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date