04/10/2005 12:38 FAX 2871730 TAX & BUSINESS

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May 18, 2005 8:00 am
Secretary of State

04-14-2005 90025 019 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

300065518

04102005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000007076

1. Entity Name
ROBERT SEEMAN'S PUT-EM-IN KITCHENS, LLC

Principal Place of Business	Mailing Address
7209 SW RATTLESNAKE RUN PALM CITY, FL 34990	7209 SW RATTLESNAKE RUN PALM CITY, FL 34990

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 57-1170889 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRECHBILL, MARK
215 S FEDERAL HWY, STE 100
STUAR, FL 34994

7. Name and Address of New Registered Agent

Name: Robert J. Seeman Jr.
Street Address (P.O. Box Number is Not Acceptable): 7209 SW Rattlesnake Run
City: Palm City FL Zip Code 34990

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SEEMAN, ROBERT J JR		NAME		
STREET ADDRESS	7209 SW RATTLESNAKE RUN		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE ______________________ 5/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #