

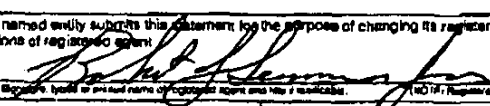
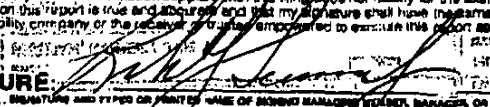
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TAX & BUSINESS

FILED
May 18, 2005 8:00 am
Secretary of State

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

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000007076			
1. Entity Name ROBERT SEEMAN'S PUT-EM-IN KITCHENS, LLC			
Principal Place of Business 7209 SW RATTLESNAKE RUN PALM CITY, FL 34990		Mailing Address 7209 SW RATTLESNAKE RUN PALM CITY, FL 34990	
2. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 57-1120889		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04102005 Chg.-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent BRECHBILL MARK 215 S. FEDERAL HWY, STE 100 STUART, 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 _____			
Filing Fee is \$80.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MGR SEEMAN, ROBERT J JR 7209 SW RATTLESNAKE RUN PALM CITY, FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(1)(X), Florida Statutes. I further certify that the information so 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 606, Florida Statutes.			
SIGNATURE  DATE 5/16/05		Clerk _____	

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