2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED May 27, 2005 8:00 am Secretary of State 04-25-2005 90101 050 ****50.00

DOCUMENT # L04000022722 1. Entity Name FOOD PROFESSIONALS NETWORK LLC							}				
1 1000 11	OFESSI	JNALS NE	I WORK EL	.0		'}					
Principal Place of Business				Mailing Address			7				
15316 WINDING CREEK DR. TAMPA FL 33613 US			P O BOX 17411 TAMPA FL 33682 US				ARAMINI EN ARM ESEN ARRI A	STO COM STATE NO	30007	803 ************************************	
2. Principal Place of Business				3. Mailing Address			1				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1st MOORE CR2E083 (10/04)					
City & State				City & State		4. FEI Nu	Ther 244-635	4		pplied For of Applicable	
Zip	Country			Zip		ntry		ate of Status Desired		\$5.00 Add	ditional
6. Name and Address of Current Regi				jistereti Agent -	Name	7, Name a	and Address of New	Registered			
CUSHING, BARRY						Street Address (P.O. Box Number is Not Acceptable)					
15316 WINDING CREEK DR. TAMPA FL 33613						Sireel Address	(P.O. Box Nur	TIDER IS NOT Accepta	Die)		
						City			FI	Zip Cod	la
The above named entity submits this statement for the purpose of changing its registers						ed office or registe	ered agent, or	both, in the State of		- 1	and accept
the obligations of registered agent.											
SIGNATURE Squature, speed or printing frame of registered again and take a applicable (NOTE Registered Again against against required when renstating) DATE											
	Make Check Payat	FILE NOW!!! FEE IS \$50.00 ke Check Payable to Florida Departmen Due By May 1, 2005									
9.	MANAGING MEMBERS/MANAGERS					<u> </u>		ADDITION	S/CHANGE		
TITLE NAME	BARRYCUSHING			☐ Detete	E IE }				Change	Addition	
STREET ADDRESS CHY-ST-ZIP	BARRY CUSHING 15316 WINDING CREEK TAMPA FL 331			(DIC (13	•	ET ADORESS -ST-ZIP					
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CITY-S1-7IP	フ	Ampa	FL 3		_}_	-ST-20P					
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THE				☐ Delete	1.1U	•				Change	Addition
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CITY-ST-ZIP					CITY	-ST-ZIP		<u> </u>			
SITLE NAME		•	☐ Delete	TITLE NAM					Change	Addition	
STREET ADORESS					•	ET ADBRESS - ST-ZIP					
TITLE		 		☐ Delete	nne					☐ Change	C Addition
HAME					HAM						
STREET ADORESS CITY-ST-21P	_				•	ET ADORESS -ST-ZP					
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 seceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE: English 4-15-05 8135740102											
SIGNAT	URE: _	4	1	~~~				7-10-05	2/18	31406	102