2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

May 30, 2006 08:00 AM Secretary of State DOCUMENT # L04000029730 1. Entity Name THE JOIE DE VIE GOURMET, LLC Principal Place of Business Mailing Address 12460 - 94TH AVE. NO. 12460 - 94TH AVE. NO. SEMINOLE FL 33772 SEMINOLE FL 33772 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. State, Apt. #, etc. CR2E083 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 73-1713702 Not Applican Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREIRO, ELIZABETH A Street Address (P.O. Box Number is Not Acceptable) 12460 - 94TH AVE. NO. SEMINOLE FL 33772 Zip Code 8. The above trained 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, typeo or printed name of registered agent and fille if applicable (NOTE: Ragistered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. Addition TITLE MGRM ☐ Delete MILE ☐ Change NAME PEREIRO, ELIZABETH A NAME STRICET ADDRESS 12460 - 94TH AVE. NO. STRLLT ADDRESS U00000588322 CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33772 05/30/06-80005-008-50_00 THILE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-792 Change Addition Addition ☐ Defete HILL TOTAL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Zm2 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE 1/7) F NAME. NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CRY-ST-ZIP ☐ Delete nne IIILE Change ☐ Addition NAME WARAT STREET ADDRESS STREET ARDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE MAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP City-St-ZiP 11. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Section 119, 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 reviewer or trustee empowered to execute this report as required by Chapter 609. Florida Statutes

OR AUTHORIZED REPRESENTATIVE

FILED