


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # L04000050949 1. Entity Name CULINARY CONCEPTS LLC	
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Principal Place of Business 540 SOUTH FEDERAL HWY POMPANO BEACH, FL 33062	Mailing Address 540 SOUTH FEDERAL HWY POMPANO BEACH, FL 33062
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01102008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1353247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MERTEN, DEAN R
540 SOUTH FEDERAL HWY
POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

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 *Dean R Merten* DATE 1-9-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000781926
 01/15/08-80054-011 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERTEN, DEAN R 540 SOUTH FEDERAL HWY POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERTEN, DENISE C 540 SOUTH FEDERAL HWY POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JRE ENTERPRISES, INC. 540 SOUTH FEDERAL HWY POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVERATT, MELISSA 540 SOUTH FEDERAL HWY POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVERATT, JOHN R 540 SOUTH FEDERAL HWY POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Dean R Merten* DATE 1-9-08 DAYTIME PHONE # 954 791 5763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #