

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90098 010 ****50.00

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| DOCUMENT # L04000061155 | |  |
| 1. Entity Name CENTRAL FLORIDA FOODSERVICE, LLC | | |

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| Principal Place of Business 2540 SHADER ROAD ORLANDO, FL 32804 | Mailing Address 2540 SHADER ROAD ORLANDO, FL 32804 |
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|---|-------------------|--|-------------------|
| 2. Principal Place of Business 2540 SHADER ROAD Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 547970 Suite, Apt. #, etc. | |
| City & State ORLANDO, FL. | | City & State ORLANDO, FL. | |
| Zip 32804 | Country ORANGE | Zip 32854 | Country ORANGE |



07012005 Chg-LLC CR2E083 (10/03)

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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|--|--|--|--|

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

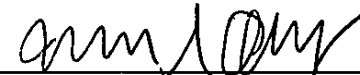
DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ALTIF, MICHAEL 1027 NORTHERN WAY WINTER SPRINGS, FL 32709 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM STRAUSS, MICHAEL 401 N. ELA ROAD INVERNESS, IL 60067 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  7/1/05 407-297-1411