2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# L04000070565

Entity Name: OLDE WORLD KITCHENS, LLC

Current Principal Place of Business:

P.O. BOX 101367
CAPE CORAL, FL 33910

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 101367
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: 41-2159396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JACOBELLI, WILLIAM A
4426 SE 20TH PLACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

RYAN P. DUGAN, P.A.
8359 BEACON BLVD
SUITE #401
FORT MYERS, FL 33907 US

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.

SIGNATURE: RYAN P. DUGAN 04/30/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JACOBELLI, WILLIAM A
Address: 4426 SE 20TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: MGR ( ) Delete
Name: CARSI, JOHN M
Address: 2223 SE 15TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: MGR ( ) Delete
Name: ANDRACHAK, JOHN M
Address: 1135 LUCERNE AVE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM A. JACOBELLI MGRM 04/30/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date