## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000070565

Address:

City-St-Zip:

1135 LUCERNE AVE

CAPE CORAL, FL 33904

Entity Name: OLDE WORLD KITCHENS, LLC

FILED Apr 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 101367 4426 SE 20TH PLACE CAPE CORAL, FL 33910 CAPE CORAL, FL 33904 **Current Mailing Address: New Mailing Address:** P.O. BOX 101367 CAPE CORAL, FL 33910 FEI Number: 41-2159396 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete JACOBELLI, WILLIAM A Name: Name: Address: 4426 SE 20TH PLACE Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: CARSI, JOHN M Name: Address: 2223 SE 15TH AVE Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition ANDRACHAK, JOHN M Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM A. JACOBELLI MGRM 04/30/2007