2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Mar 22, 2006 8:00 am Secretary of State DOCUMENT # L04000075223 03-22-2006 90290 039 ****50.00 1. Entity Name TASTEFULLY BRITISH LLC Principal Place of Business Mailing Address 2236 GOLF GATE DR 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34231 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address 2236 GULF GATE DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 03072006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 20-2633042 Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LPS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236 City Zip Code FL 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) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE Change ☐ Addition NAME GYPPS, DEBRA J NAME 2236 GULF GATE DRIVE STREET ADDRESS STREET ADDRESS SARASOTA, FL 34231 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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11. 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.

☐ Delete

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SIGNATURE: DJCHAR DJ GYPPS

SIGNATURE AND TYPED OR PRINTED AAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (941)927-2612 Daytime Phone #

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

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