
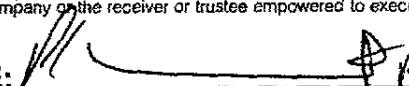


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000089410 1. Entity Name PALM BEACH CAJUN BLUE'S CRAWFISH FESTIVAL, LLC		
Principal Place of Business 106 1ST LANE PALM BEACH GARDENS, FL 33418	Mailing Address 106 1ST LANE PALM BEACH GARDENS, FL 33418	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SMITH, PETER 106 1ST LANE PALM BEACH GARDENS, FL 33418		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, PETER K 106 1ST LANE PALM BEACH GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAZIANO, DANE M 1115 PONCE DE LEON ST FT LAUDERDALE, FL 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  PETER SMITH MGRM 1/24/06 561 799 7966 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



01242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1991066

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U00000509542
04/28/06-80035-022 50.00