

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000182

**FILED**  
**Apr 04, 2006**  
**Secretary of State**

**Entity Name:** CULINARY CREATIONS, LLC

**Current Principal Place of Business:**

6675 SHEFFIELD LANE  
MIAMI BEACH, FL 33141 US

**New Principal Place of Business:**

9751 E. BAY HARBOR DRIVE  
BAY HARBOR ISLANDS, FL 33154 US

**Current Mailing Address:**

6675 SHEFFIELD LANE  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

9751 E. BAY HARBOR DRIVE  
BAY HARBOR ISLANDS, FL 33154 US

**FEI Number:** 86-1126060

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LIPKOWITZ, KAREN R  
6675 SHEFFIELD LANE  
MIAMI BEACH, FL 33141 US

**Name and Address of New Registered Agent:**

LIPKOWITZ, KAREN R  
9751 E. BAY HARBOR DRIVE  
BAY HARBOR ISLANDS, FL 33154 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: KAREN R. LIPKOWITZ

04/04/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LIPKOWITZ, KAREN R  
Address: 6675 SHEFFIELD LANE  
City-St-Zip: MIAMI BEACH, FL 33141 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LIPKOWITZ, KAREN R  
Address: 9751 E. BAY HARBOR DRIVE  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

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: KAREN R. LIPKOWITZ

MGRM

04/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date