

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000182

**FILED**  
**Mar 08, 2007**  
**Secretary of State**

**Entity Name:** CULINARY CREATIONS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 86-1126060      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

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:**

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

**ADDITIONS/CHANGES:**

**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: KAREN LIPKOWITZ

MGRM

03/08/2007

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