

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED**  
**Aug 18, 2006 8:00 am**  
**Secretary of State**

08-18-2006 90027 019 \*\*\*\*50.00

**20052932**



02202006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000001832</b> 1. Entity Name <b>KITCHEN CONCEPTS, LLC</b>					
Principal Place of Business <b>3707 W. MACKAY AVE. TAMPA, FL 33609</b>			Mailing Address <b>3707 W. MACKAY AVE. TAMPA, FL 33609</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>01-0854148</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DECOSMO, BRIAN S 3707 W. MACKAY AVE. TAMPA, FL 33609</b>			Name <b>SARAH BALDWIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3707 W. MCKAY AVE.</b> <b>TAMPA, FL 33609</b> City <b>FL</b> Zip Code		
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 <i>Sarah Baldwin</i> <span style="float: right;">8/16/06</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MR DECOSMO, BRIAN S 3707 W MCKAY AVE TAMPA, FL 33609</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MR CRAVEN, DANIEL R 3707 W MCKAY AVE TAMPA, FL 33609</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MR CRAVEN, DANIEL R 3707 W MCKAY AVE TAMPA, FL 33609</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MR CRAVEN, DANIEL R 3707 W MCKAY AVE TAMPA, FL 33609</b>	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MR CRAVEN, DANIEL R 3707 W MCKAY AVE TAMPA, FL 33609</b>	<input type="checkbox"/> Delete			
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: <b>DANIEL R. CRAVEN MGRM</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>8/16/06</b> Daytime Phone # <b>813-879-8000</b>		