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Jun 29, 2006 8:00 am
Secretary of State
05-04-2006 90020 034 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000040215

1. Entity Name
BELGLADES CHICKEN, LLC

30011382

Principal Place of Business	Mailing Address
5939 GOLDEN OAKES LANE NAPLES, FL 34119	5939 GOLDEN OAKES LANE NAPLES, FL 34119

01232008 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
11985 COLLIER BLVD	11985 COLLIER BLVD
Suite, Apt. #, etc.: Suite # 9	Suite, Apt. #, etc.: Suite # 9
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34116 Country: USA	Zip: 34116 Country: USA

4. FEI Number: 27-0121474 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAUL A. MURRAY, P.A.
5667 NAPLES BLVD.
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 _____ DATE
(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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Charles Bohaychyk III 5939 Golden OAKS LANE NAPLES, FL 34119 ☐ Change ☑ Addition MANAGING MEMBER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MICHAEL BOHAYCHYK 8736 Island pond LANE NAPLES, FL 34119 ☐ Change ☑ Addition MANAGING MEMBER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHARLES BOHAYCHYK III 5939 Golden OAKS Ln. NAPLES, FL 34119 ☐ Change ☑ Addition Managing MEMBER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Michael Bohaychyk 5/1/06 (239) 825-4285
(SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #