


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L05000046128 |  |
| 1. Entity Name CHEF IN THE BOX, L.L.C. | |

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|--|--|
| Principal Place of Business 4822 SW 155TH TERRACE MIRAMAR FL 33027 | Mailing Address 4822 SW 155TH TERRACE MIRAMAR FL 33027 |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E083 (10/06)

| | | |
|---|--|--|
| 4. FEI Number 20-2821850 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| KOZLOWSKI, STEVEN R C/O KOZLOWSKI LAW FIRM, P.A. 927 LINCOLN ROAD, SUITE 118 MIAMI BEACH FL 33139 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

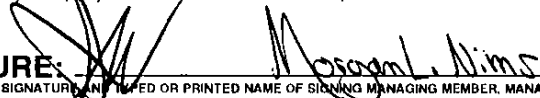
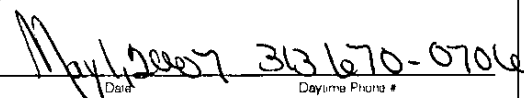
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

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|--|--|
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 | |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|--|---|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP MGRM NIMS, MORGAN 4822 SW 155TH TERRACE MIRAMAR FL 33027 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP U000000763607 05/30/07-80017-009 50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Morgan L. Nims**  **363 670-0706**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #