

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058403

FILED
May 17, 2007
Secretary of State

Entity Name: UNLIMITED CATERING & EVENTS LTD. CO.

Current Principal Place of Business:

42 N. LAGO MESA WAY
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

12814 NEW YORK WOODS CR.
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 65-1252725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PATINO, ROSA A
42 N. LAGO MESA WAY
KISSIMMEE, FL 34743 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: MGR () Delete
Name: CHEATWOOD, IRENE M
Address: 42 N. LAGO MESA WAY
City-St-Zip: KISSIMMEE, FL 34743

Title: MGR () Delete
Name: DELEON, ROSA I
Address: 42 N. LAGO MESA WAY
City-St-Zip: KISSIMMEE, FL 34743

Title: MGR () Delete
Name: PATINO, ROSA A
Address: 42 N. LAGO MESA WAY
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROSA I. DELEON

MGR.

05/17/2007

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