
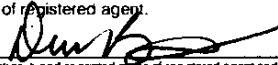
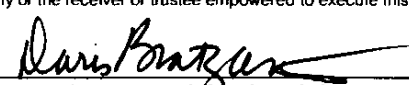


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90133 039 \*\*\*\*50.00

<b>DOCUMENT # L05000064219</b> 1. Entity Name <b>THE POLISHED PALATE, LLC</b>					
Principal Place of Business <b>2717 SEVILLE BOULEVARD #7103 CLEARWATER, FL 33764</b>			Mailing Address <b>2717 SEVILLE BOULEVARD #7103 CLEARWATER, FL 33764</b>		
2. Principal Place of Business - No P.O. Box # <b>624 HAVEN PLACE</b>			3. Mailing Address <b>624 HAVEN PLACE</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>TARPON SPRINGS, FL</b>			City & State <b>TARPON SPRINGS, FL</b>		
Zip <b>34689</b>			Zip <b>34689</b>		
Country <b>USA</b>			Country <b>USA</b>		
4. FEI Number <b>86-1142246</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  <b>BRATYANSKI, DORIS 2717 SEVILLE BOULEVARD #7103 CLEARWATER, FL 33764</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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 <b>3/13/2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BRATYANSKI, DORIS 2717 SEVILLE BOULEVARD #7103 CLEARWATER, FL 33764</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 				3/13/07 727.947.3522 <small>Date Daytime Phone #</small>	