


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 27 AM 10:45

|  |   |
|--|---|
| <b>DOCUMENT # L05000067866</b><br>1. Entity Name<br>HOT OLIVES CATERING, LLC |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>463 W. NEW ENGLAND AVENUE<br>WINTER PARK, FL 32789 US | Mailing Address<br>P.O. BOX 1883<br>WINTER PARK, FL 32790 US |
|--|--|

|                                |                     |  |
|--------------------------------|---------------------|--|
| 2. Principal Place of Business | 3. Mailing Address  | 01192006 Chg-LLC CR2E083 (11/05)   |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 4. FEI Number  |
| City & State                   | City & State        | Applied For<br><input type="checkbox"/> Not Applicable                                   |
| Zip                            | Country             | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00-Additional Fee Required |



|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>PARTIN, GLENN<br>463 W. NEW ENGLAND AVENUE<br>WINTER PARK, FL 32789 | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;">FL</span> Zip Code |
|---|---|

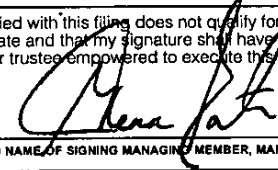
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| Filing Fee is \$50.00<br>Due by May 1, 2006 | Make check payable to<br>Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM <input type="checkbox"/> Delete<br>PARTIN, GLENN<br>1850 WHITEHALL DRIVE<br>WINTER PARK, FL 32789   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM <input type="checkbox"/> Delete<br>ROGERS, RICHARD<br>1850 WHITEHALL DRIVE<br>WINTER PARK, FL 32789 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>000069949250<br>04/10/06--01052--005 ***200.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:**  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_