

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071394

FILED
Feb 09, 2007
Secretary of State

Entity Name: THE GOURMET TABLE, LLC

Current Principal Place of Business:

409 TERRACE DRIVE
OVIEDO, FL 32765

New Principal Place of Business:

P.O. BOX 2594
APOPKA, FL 32704

Current Mailing Address:

409 TERRACE DRIVE
OVIEDO, FL 32765

New Mailing Address:

P.O. BOX 2594
APOPKA, FL 32704

FEI Number: 20-3121650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRACY, ELSIE M
409 TERRACE DRIVE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

TRACY, ELSIE M
1334 CROW ISLE CIRCLE
APOPKA, FL 32712 US

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: _____

02/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRACY, ELSIE M
Address: 409 TERRACE DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: MGR () Delete
Name: MACKEY, STACY J
Address: 1334 CROWN ISLE CIRCLE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TRACY, ELSIE M
Address: P.O. BOX 2594
City-St-Zip: APOPKA, FL 32704

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ELSIE M. TRACY

MS.

02/09/2007

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