

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 11, 2006 8:00 am
Secretary of State

04-26-2006 90019 017 ****50.00

DOCUMENT # L05000091460 1. Entity Name TAMPA FOOD VENTURE, LLC					
Principal Place of Business 4440 PGA BLVD., #410 PALM BEACH GARDENS FL 33410				Mailing Address 4440 PGA BLVD., #410 PALM BEACH GARDENS FL 33410	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 13 HUNTLY DRIVE Suite, Apt. #, etc.			
City & State		City & State PALM BEACH GARDENS, FL		4. FEI Number 20-466585	
Zip 33418		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WAKEFIELD, DEXTER B 4440 PGA BLVD., #410 PALM BEACH GARDENS FL 33410				7. Name and Address of New Registered Agent 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 re-registering)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MANAGING MEMBER ☐ Delete DEXTER B. WAKEFIELD 13 HUNTLY DRIVE PALM BEACH GARDENS, FL 33418	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	MANAGING MEMBER ☐ Delete WAKEFIELD ENTERPRISES LLC P.O. BOX 1665 ANDERSON, SC 29622	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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: WAKEFIELD 5-11-06 5616262942 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					