

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000094501

FILED
Oct 04, 2006
Secretary of State**Entity Name:** MILK AND HONEY...IN THE LAND OF, LLC**Current Principal Place of Business:**1407 S. LORENZO AVE.
3
TAMPA, FL 33629 US**New Principal Place of Business:**1000 W. HORATIO STREET
#209
TAMPA, FL 33606 US**Current Mailing Address:**1407 S. LORENZO AVE.
3
TAMPA, FL 33629 US**New Mailing Address:**1000 W. HORATIO STREET
#209
TAMPA, FL 33606 US**FEI Number:** 26-0122921**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CLARK, TARA L
1407 S. LORENZO AVE.
3
TAMPA, FL 33629 US**Name and Address of New Registered Agent:**BISHOP, CHEL M
1000 W. HORATIO STREET
#209
TAMPA, FL 33606 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: CMBISHOP

10/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: CLARK, TARA
Address: 1407 S. LORENZO AVE. # 3
City-St-Zip: TAMPA, FL 33629 US**Title:** MGR (X) Delete
Name: CHEL, MCALLISTER
Address: 1407 S. LORENZO AVE. # 3
City-St-Zip: TAMPA, FL 33629 US**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: BISHOP, CHEL M
Address: 1000 W. HORATIO STREET
City-St-Zip: TAMPA, FL 33606 US**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: CMBISHOP

MGR

10/04/2006

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