2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2008
Secretary of State

DOCUMENT# L05000113374

Entity Name: A TOUCH OF PARADISE CATERING, LLC

Current Principal Place of Business:

219E BURLEIGH BLVD
TAVARES, FL 32778

New Principal Place of Business:

359E BURLEIGH BLVD
TAVARES, FL 32778

Current Mailing Address:

219E BURLEIGH BLVD
TAVARES, FL 32778

New Mailing Address:

359E BURLEIGH BLVD
TAVARES, FL 32778

FEI Number: 20-4066974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BENI, LINDA
4920 TREASURE CAY ROAD
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BENI, LINDA
Address: 4920 TREASURE CAY ROAD
City-St-Zip: TAVARES, FL 32778

Title: MR. ( ) Delete
Name: BENI, SCOTT J VP.
Address: 4920 TREASURE CAY RD.
City-St-Zip: TAVARES, FL 32778 US

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LINDA BENI PRES 06/20/2008

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