
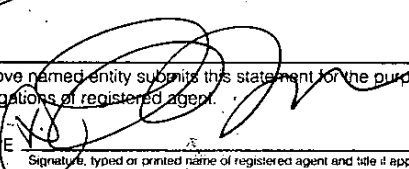
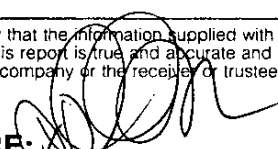


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90296 012 \*\*\*\*50.00

<b>DOCUMENT # L05000118364</b> 1. Entity Name <b>F &amp; R CATERING, LLC</b>					
Principal Place of Business <b>4350 SEABOARD ROAD</b> <b>ORLANDO FL 32808</b>			Mailing Address <b>4350 SEABOARD ROAD</b> <b>ORLANDO FL 32808</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>4504 Pkwy Comm Blvd</b> <b># I-I</b>		1st MOORE CR2E083 (10/05)	
City & State <b>Orlando</b>		City & State <b>Orlando</b>		4. Fee Number <b>20-3924253</b>	
Zip <b>32808</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>QUANTUM INTERMEDIA, LLC</b> <b>127 W. FAIRBANKS AVE</b> <b>WINTER PARK FL 32789</b>				7. Name and Address of New Registered Agent Name <b>Ingrid Phelan</b> Street Address <b>4504 Pkwy Comm Blvd</b> <b>Orlando, FL # I-I</b> City <b>FL</b> Zip Code <b>32808</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <b>PHELAN, RONALD</b> <b>1800 ALOMA AVE</b> <b>WINTER PARK FL 32789</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS 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 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.					
<b>SIGNATURE:</b>  <b>Ingrid Phelan</b> <b>3/8/06</b> <b>407-4447</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					