2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 01, 2006 8:00 am Secretary of State **DOCUMENT # L05000119456** 05-01-2006 90040 024 ****55.00 LADÝ G'S "CRAB-U-LOUS". LLC Principal Place of Business Malling Address 667 WEST DAYTON CIRCLE 667 WEST DAYTON CIRCLE FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 2. Principal Place of Business 667 KLEST DAYTON CIRCLE 667 WEST DAYTON CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. 02162006 Cha-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For PORT LAUDERDALE FORT LAUDERDALE Not Applicable \$5.00 Additional USA USA 33312 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GILLIS, LENA P Street Address (P.O. Box Number is Not Acceptable) 667 WEST DAYTON CIRCLE FORT LAUDERDALE, FL 33312 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, typed or printed name of regis (NOTE: Registered Agent eigniture required when remetating) Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. OWNER/MANAGER TITLE TITLE ☐ Addition ☐ Delete Change LENA P. GILLIS NAME 667 KI, DAYTON CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition MAKE 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 CUY-ST, ZP. TITLE Delete TITLE ☐ Change ☐ Addition NAME MALAF 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 filting does not qualify for the exemptions contained in Chapter 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 flability company or the receiver trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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· 2006 LIMITED LIABILITY COMPANY

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DOCUMENT 1. Entity Name LADY G'S "CRAB-) • <u> </u>	,		200	295Q Z	, - -		
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE	CR2E083 (10/05)		
City & State		City & State		4. FEI Number		plied For t Applicable		
Zip	Country Zip		Caun	try	5. Certificate of Status Desired	\$5.00 Add Fee Required		
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent			
GILLIS, LENA P								
667 WEST D			Street Address (F	Address (P.O. Box Number is Not Acceptable)				
FORT LAUDI								
				City	The state of the s	FL Zip Code	9	
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								
Signature, typed or printed name of registeren agent and title if applicable. (NOTE Repsicred Agent signature required when reinstituting) DATE								
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State								
Due By May 1, 2006					N of June			
9.	MANAGING MEMBERS		10.		ADDITION	S/CHANGES		
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	the information supplied with I	this filing does not qualify			d in Section 119, Florida Statutes	s. I further certify that the i	nformation	

I nereby 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daylime Phone #