## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## May 18, 2006 8:00 am Secretary of State **DOCUMENT # L05000120242** 04-20-2006 90032 024 \*\*\*150.00 1. Entity Name CARIBBEAN CHEF EXPRESS, LLC Mailing Address Principal Place of Business 3320 JAVA PLUM AVENUE 3320 JAVA PLUM AVENUE MIRAMAR, FL 33025 MIRAMAR FL 33025 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suita, Apt. #, etc. 04132006 CR2E083 (11/05) Chg-LLC 4. FEI Number Applied For City & State City & State 168 9707 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Neme CASE, CLIVE Street Address (P.O. Box Number is Not Acceptable) 3320 JAVA PLUM AVENUE MIRAMAR, FL 33025 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. President CLIVE CASE 3320 JAVAPLUM AUGNUE TOLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS MIRAMAR, FL 33025 CITY-ST-ZIP CITY-ST-ZP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-\$1-21P ☐ Change πLE Deleta TITLE Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Octob TITLE ☐ Change ☐ Addition NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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