2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

FILFD **DOCUMENT # L06000023010** 07 APR 23 PM 12: 21 KITCHEN BUDDY, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7040 W. PALMETTO PARK ROAD 7040 W. PALMETTO PARK ROAD . PMB 4303 PMB 4303 BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEINSTEIN, ERIC 7040 W. PALMETTO PARK ROAD PMB 4030 7000 West Palmetto Road, Suite 300 BOCA RATON, FL 33433 Boca Raton, Florida 33433 Zip Code FL 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 Ú SIGNATURE Signature, typed or printe ed agent and lifle if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change Addition WEINSTEIN, ERIC NAME NAME STREET ADDRESS 7040 W. PALMETTO PARK ROAD STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME 700101233577 /02/07--01051--014 **79 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP <u>**750.00</u> 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 ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling 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 peciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Date

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