2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2007
Secretary of State

DOCUMENT# L06000084564

Entity Name: HEIRLOOM CATERING & PRIVATE CHEF SERVICES, LLC

Current Principal Place of Business:

125 EDGEWATER DRIVE, APT. 2
CORAL GABLES, FL 33133

New Principal Place of Business:

4702 S. LE JEUNE ROAD
CORAL GABLES, FL 33146

Current Mailing Address:

125 EDGEWATER DRIVE, APT. 2
CORAL GABLES, FL 33133

New Mailing Address:

WHISK GOURMET FOOD & CATERING
4702 S. LE JEUNE ROAD
CORAL GABLES, FL 33146

FEI Number: 20-5355041 **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:

CONNOR, KRISTIN
125 EDGEWATER DRIVE, APT. 2
CORAL GABLES, FL 33133 US

Name and Address of New Registered Agent:

CONNOR, KRISTIN
4702 S. LE JEUNE ROAD
CORAL GABLES, FL 33146 US

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: KRISTIN CONNOR 08/16/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CONNOR, KRISTIN
Address: 125 EDGEWATER DRIVE, APT. 2
City-St-Zip: CORAL GABLES, FL 33133

Title: MGRM ( ) Delete
Name: CONNOR, BRENDAN
Address: 1517 SAN RAFAEL AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CONNOR, KRISTIN
Address: 6855 EDGEWATER DR. APT 2B
City-St-Zip: CORAL GABLES, FL 33133

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: KRISTIN C. CONNOR MS. 08/16/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date