2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L06000092041

Entity Name: HOME COOKING NETWORK LLC

Current Principal Place of Business:

5414 TOWN-N-COUNTRY BLVD.
TAMPA, FL 33615 US

New Principal Place of Business:

6601 MEMORIAL HIGHWAY
SUITE 301
TAMPA, FL 33615 US

Current Mailing Address:

5414 TOWN-N-COUNTRY BLVD.
TAMPA, FL 33615 US

New Mailing Address:

6601 MEMORIAL HIGHWAY
SUITE 301
TAMPA, FL 33615 US

FEI Number: 32-0182902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALSH, THOMAS A
3820 W. AZEELE ST. #301
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KNIGHT, LEANN P
Address: 5414 TOWN-N-COUNTRY BLVD.
City-St-Zip: TAMPA, FL 33615 US

Title: MGRM ( ) Delete
Name: KNIGHT, C. D
Address: 5414 TOWN-N-COUNTRY BLVD.
City-St-Zip: TAMPA, FL 33615 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KNIGHT, LEANN P
Address: 6601 MEMORIAL HIGHWAY, STE 301
City-St-Zip: TAMPA, FL 33615 US

Title: MGRM (X) Change ( ) Addition
Name: KNIGHT, C. D
Address: 6601 MEMORIAL HIGHWAY, STE 301
City-St-Zip: TAMPA, FL 33615 US

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: LEANN P KNIGHT MGRM 04/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date