## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000020739

Entity Name: MAGICAL MEALTIME, LLC

7741 BELVOIR DRIVE

ORLANDO, FL 32835

Address:

City-St-Zip:

FILED Apr 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7705 TURKEY LAKE ROAD, SUITE 5 ORLANDO, FL 32819 **Current Mailing Address: New Mailing Address:** 7705 TURKEY LAKE ROAD, SUITE 5 ORLANDO, FL 32819 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OWEN, KELLY T 7705 TÚRKEY LAKE ROAD, SUITE 5 ORLANDO, FL 32819 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete OWEN, KELLY T Name: Name: 8004 PALM LAKE ROAD Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition OWEN, BRENDA Name: Name: Address: 8004 PALM LAKE ROAD Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WAXLER, MICHAEL S Name: Name: Address: P.O. BOX 1058 Address: City-St-Zip: OAKLAND, FL 34760 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: SCALZO, GREG Name: 7741 BELVOIR DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition SCALZO, LISA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: BRENDA OWEN MGRM 04/29/2008