

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000000382

1. Entity Name
FOODSERVICE VENTURES, L.C.



Principal Place of Business
**757 SOUTH NOVA ROAD
ORMOND BEACH, FL 32174**

Mailing Address
**757 SOUTH NOVA ROAD
ORMOND BEACH, FL 32174**

DO NOT WRITE IN THIS SPACE



04052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3500837

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRANK, LARRY
757 SOUTH NOVA ROAD
ORMOND BEACH, FL 32174**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SALES PARTNER SYSTEMS, INC.
STREET ADDRESS	757 SOUTH NOVA ROAD
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGRM
NAME	FOODSERVICE SOFTWARE DEVELOPMENT, INC
STREET ADDRESS	757 S NOVA RD
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGR
NAME	CITY PROVISIONERS, INC
STREET ADDRESS	757 S NOVA RD
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000504757
04/26/06-80085-010 50.00

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IN THIS SPACE**

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.

SIGNATURE: _____

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

Date

Daytime Phone #

4/15/06

386-672-8434