2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L98000000893 RIVER CITY CATERING, L.C. Principal Place of Business Mailing Address 52 A SOUTH HIGHWAY 17/92 DEBARY FL 32713 52 A SOUTH HIGHWAY 17/92 DEBARY FL 32713

FILED Sep 15, 2002 8:00 am Secretary of State 09-15-2002 90089 023 ****50.00

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2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address					
- Same Action - Action -					INGE TANIE BROKE DIRIK GOURT DEF	il genili dului inila i	(100 ANY 100)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		59-3518268	[] A	Applied For	
Zip	Country	Zip	Country			N	Not Applicable	
			Country	5. Certificate of S	Status Desired	\$5.00 Ac Fee Requir		
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent				
MUSE, JOHN M			Name	Name				
	STEPHANIE COURT	•	Street Add	ress (P.O. Boy Number in	s (P.O. Box Number is Not Acceptable)			
LAKE MARY FL 32746			Ulleel Add	r Address (F.O. Box Number is Not Acceptable)				
						-		
			City					
O The share			'			Zip Cod		
the obliga-	e named entity submits this statemen tions of registered agent.	t for the purpose of changing its	s registered office or re	gistered agent, or both, in	the State of Florida. I a	am familiar with.	, and accept	
	and the state of t							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered /								
	The state of printed the state of the grateries ag		TE: Registered Agent signature r		DAT	Æ		
FILE NOW!!! FEE IS \$50.00								
÷		Make Check Pa	syable to Departme	ent of State				
		The second secon	y September 25, 20	02				
9.		BERS/MANAGERS	10.		ADDITIONS/CHANG	ÈES		
TITLE	MGRM	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	MUSE, JOHN M	•	NAME					
CITY-ST-ZIP	516 STEPHANIE COURT LAKE MARY FL 32746		STREET ADDRESS					
TITLE	MGRM		CITY-ST-ZIP					
NAME	MUSE, PANIT M	☐ Delete	TITLE			Change	☐ Addition	
STREET ADDRESS	516 STEPHANIE COURT		NAME STREET ADDRESS	·	• -	·,		
CITY-ST-ZIP	LAKE MARY FL 32746		CITY-ST-ZIP					
TITLE		☐ Delete	· · · · · · · · · · · · · · · · · · ·					
NAME ,		□ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				1	
TITLE		☐ Delete	TITLE		···	☐ Change	- Addition	
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STREET ADDRESS			STREET ADDRESS					
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STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	·		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		*	☐ Change	Addition	
NAME CTREET ADDRESS			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
11. I hereby certify that the information supplied with this filing does not qualify for the			CITY-ST-ZIP					
 r nereby ce 	ertify that the information supplied wil	th this filing does not qualify for	the exemption stated is	Costion 110 07(0)() Fi-	data Or in the state of			

indicated on this report is true and accurate and that my signature shall have the samption stated in Section 119.07(3)(i). 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 immediately company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

9/10/2002

386 668 8030