# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 10, 2008 08:00 A**
**Secretary of State**

DOCUMENT # L99000002089

1. Entity Name
CULINARY RESOURCES, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 1116 SOUTH MYRTLE AVENUE<br>CLEARWATER, FL 33756 | 1116 SOUTH MYRTLE AVENUE<br>CLEARWATER, FL 33756 |

**DO NOT WRITE IN THIS SPACE**

01032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
59-3574015
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN, M. ROBERT
1923 DOLPHIN DRIVE
BELLAIR BLUFFS, FL 33770

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

U00000890305
04/22/08-80089-010 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | RYAN, M. ROBERT |
| STREET ADDRESS | 1923 DOLPHIN DRIVE |
| CITY-ST-ZIP | BELLEAIR BLUFFS, FL 33770 |
| TITLE | MGRM |
| NAME | ANDERSON, ROBERT A |
| STREET ADDRESS | 351 CUMBERLAND AVENUE |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** _____ 4/8/08 727-447-0961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #