

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS AND BUSINESSES

07 SEP 26 PM 2:45

DOCUMENT # M02000001247



1. Entity Name
AIR CHEF HOLDINGS, LLC

Principal Place of Business 37 E. WILSON BRIDGE RD., SUITE 200 WORTHINGTON, OH 43085	Mailing Address 37 E. WILSON BRIDGE RD., SUITE 200 WORTHINGTON, OH 43085
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2. Principal Place of Business - No P.O. Box # 6525 Busch Blvd.	3. Mailing Address 6525 Busch Blvd.
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Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
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City & State Columbus, OH	City & State Columbus, OH
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Zip 43229	Country USA	Zip 43229	Country USA
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08142007 Chg-LLC CR2E083 (12/06)

4. FEI Number 31-1762919	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SCHWEITZER, PAUL	
STREET ADDRESS	37 E. WILSON BRIDGE RD.	
CITY-ST-ZIP	WORTHINGTON, OH 43085	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	41K FEET	
STREET ADDRESS	37 E. WILSON BRIDGE RD.	
CITY-ST-ZIP	WORTHINGTON, OH 43085	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6525 Busch Blvd., ste 200	
CITY-ST-ZIP	Columbus, OH 43229	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000110060380	
CITY-ST-ZIP	09/28/07--01054--004 **50.00	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cliff Smith	
STREET ADDRESS	6525 Busch Blvd. ste 200	
CITY-ST-ZIP	Columbus OH 43229	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Cliff Smith* Date: 9/20/07 Daytime Phone #: 614-985-1850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE