

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000000468
 1. Entity Name
 CHEF COMPANY LLC



Principal Place of Business Mailing Address
 2 PLUM STREET 2 PLUM STREET
 WILDER, KY 41076 WILDER, KY 41076

DO NOT WRITE IN THIS SPACE



02152005 No Chg-LLC CR2E083 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 76-0720077 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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)

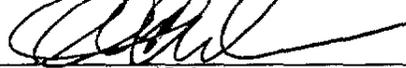
Filing Fee is \$50.00
Due by May 1, 2005

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCHULER, WILLIAM M 2 PLUM STREET WILDER, KY 41076 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FISTER, CHRISTOPHER L 2 PLUM STREET WILDER, KY 41076 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CASTELLINI, ROBERT H 2 PLUM STREET WILDER, KY 41076 |
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 02/23/05-80018-003 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  WILLIAM M SCHULER 2/15/2005 859-442-4650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #