2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000000976

ARAMARK FHC SPORTS AND ENTERTAINMENT SERVICES, LLC



FILED

May 10, 2006 8:00 am Secretary of State

05-10-2006 90016 022 ****50.00

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Principal Place of Business ARAMARK TOWER 1101 MARKET STREET PHILADELPHIA, PA 19107		Mailing Address ARAMARK TOWER 1101 MARKET STREET PHILADELPHIA, PA 1910)7	20045458
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262006 Chg-LLC CR2E083 (11/05)
City & State		City & State		4. FEI Number Applied For 85-0485370 Not Applicable
Zip	Country	Zīp	Country	Certificate of Status Desired
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM		Name		
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street Addres	sss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
 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. 				
The configuration of the gradient against				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State
9.	MANAGING MEMBER	RS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARAMARK FHC, LLC 1101 MARKET STREET PHILADELPHIA, PA 19107	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS		☐ Defete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRIMTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

ALEXANDER P. HARIND, VICE PRESIDENT OF

ARABARK FHC, LLC - SOLE MEMBEL OF

ARABARK FHC, SPORTS AND ENTERTALIMENT

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