


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 13 AM 9:48

DOCUMENT # L03000028060 1. Entity Name FRESCO'S RISTORANTE, LLC	
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Principal Place of Business 300 SECOND AVENUE NORTHEAST ST. PETERSBURG, FL 33701	Mailing Address 300 SECOND AVENUE NORTHEAST ST. PETERSBURG, FL 33701
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QPS



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05122005 Chg-LLC CR2E083 (10/03)

City & State	City & State
Zip Country	Zip Country

4. FEI Number 20-0130794	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOCKOL, DAVID J 111 SECOND AVENUE NE SUITE 1401 ST. PETERSBURG, FL 33701	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

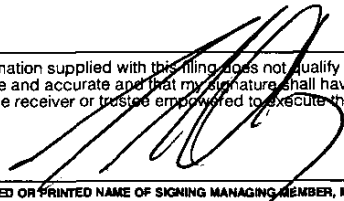
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$50.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME	MGRM SOCKOL, DAVID J <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200056151152	
STREET ADDRESS CITY-ST-ZIP	300 SECOND AVENUE NORTHEAST ST. PETERSBURG, FL 33701		STREET ADDRESS CITY-ST-ZIP	06/14/05--01045--005 **50.00	
TITLE NAME	MEM ROBERTS, MICHAEL C <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200056151152	
STREET ADDRESS CITY-ST-ZIP	300 SECOND AVENUE NORTHEAST ST. PETERSBURG, FL 33701		STREET ADDRESS CITY-ST-ZIP	06/14/05--01045--005 **5.00	
TITLE NAME	Thomas OUIV ALAN <input type="checkbox"/> Delete		TITLE NAME	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	2815 W. PARKLAND BLVD TPA, FL 33609		STREET ADDRESS CITY-ST-ZIP	THOMAS OUIV 2815 W. PARKLAND BLVD TPA, FL 33609	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  *Thomas OUIV* 5/11/05 813-714-8085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #