

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028060

FILED
Apr 29, 2008
Secretary of State

Entity Name: FRESCO'S RISTORANTE, LLC

Current Principal Place of Business:

300 SECOND AVENUE NORTHEAST
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

300 SECOND AVENUE NORTHEAST
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 20-0130794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOCKOL, DAVID J
111 SECOND AVENUE NE
SUITE 1401
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOCKOL, DAVID J
Address: 300 SECOND AVENUE NORTHEAST
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGRM () Delete
Name: ROBERTS, MICHAEL C
Address: 300 SECOND AVENUE NORTHEAST
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGRM () Delete
Name: ORTIZ, THOMAS
Address: 300 SECOND AVENUE NORTHEAST
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID J SOCKOL

MGRM

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date