2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002722

Entity Name: ALBERTE'S RESTAURANT L.L.C.

FILED Sep 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4595 HYPOLUXO ROAD 4595 HYPOLUXO ROAD LAKE WORTH, FL 33461 LAKE WORTH, FL 33461 **Current Mailing Address: New Mailing Address:** 4595 HYPOLUXO ROAD 4595 HYPOLUXO ROAD LAKE WORTH, FL 33461 LAKE WORTH, FL 33461 FEI Number: 20-4058915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOUIDOR, ALBERTE LOUIDOR, ALBERTE 4595 HYPOLUXO ROAD 4595 HYPOLUXO ROAD LAKE WORTH, FL 33461 US LAKE WORTH, FL 33461 US 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: ALBERTE LOUIDOR 09/04/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: MGRM () Change (X) Addition LOUIDOR, ALBERTE Name: Name: Address: Address: 5089 SANCERRE CIRCLE City-St-Zip: City-St-Zip: LAKE WORTH, FL 33463 Title: Title: MGRM () Change (X) Addition () Delete Name: Name: MARSEILLE, WILGIMPS Address: Address: 5089 SANCERRE CIRCLE City-St-Zip: City-St-Zip: LAKE WORTH, FL 33463

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: ALBERTE LOUIDOR MGRM 09/04/2007