

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006976

FILED  
Apr 07, 2010  
Secretary of State

**Entity Name:** UR OF MERRITT ISLAND FL, LLC

**Current Principal Place of Business:**

100 CHARLES PARK ROAD  
WEST ROXBURY, MA 02132

**New Principal Place of Business:**

**Current Mailing Address:**

100 CHARLES PARK ROAD  
WEST ROXBURY, MA 02132

**New Mailing Address:**

**FEI Number:** 41-2222115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name: UNO RESTAURANTS, LLC  
Address: 100 CHARLES PARK ROAD  
City-St-Zip: WEST ROXBURY, MA 02132

Title: COO  
Name: ZINGLE, ROGER L  
Address: 100 CHARLES PARK ROAD  
City-St-Zip: WEST ROXBURY, MA 02132

Title: CEO  
Name: GUIDARA, FRANCIS W P  
Address: 100 CHARLES PARK ROAD  
City-St-Zip: WEST ROXBURY, M 02132

Title: CFOT  
Name: PSALLLIDAS, LOUIE  
Address: 100 CHARLES PARK ROAD  
City-St-Zip: WEST ROXBURY, MA 02132

Title: VP S  
Name: HERZ II, GEORGE W  
Address: 100 CHARLES PARK ROAD  
City-St-Zip: WEST ROXBURY, MA 02132

Title: AS  
Name: AHLFELD, ROGER A  
Address: 100 CHARLES PARK ROAD  
City-St-Zip: WEST ROXBURY, MA 02132

I hereby 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: GEORGE W. HERZ II

V, S

04/07/2010

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