

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014144

FILED  
Jul 16, 2006  
Secretary of State

Entity Name: WEST PALMDEN RESTAURANTS, LLC

**Current Principal Place of Business:**

10332 MAIN STREET  
#277  
FAIRFAX, VA 22030

**New Principal Place of Business:**

**Current Mailing Address:**

10332 MAIN STREET  
#277  
FAIRFAX, VA 22030

**New Mailing Address:**

FEI Number: 54-2014978      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:**

STAGE, JON  
200 EAST LAS OLAS BOULEVARD  
SUITE 2100 (PHA)  
FORT LAUDERDALE, FL 33301 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RIZVI, SHAKEEL  
Address: 9893 GEORGETOWN PIKE, #900  
City-St-Zip: GREAT FALLS, VA 22066

Title: MGRM ( ) Delete  
Name: ZILL, CRAIG E  
Address: 10332 MAIN STREET, #277  
City-St-Zip: FAIRFAX, VA 22030

**ADDITIONS/CHANGES:**

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 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: CRAIG E ZILL

MR

07/16/2006

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